FOR

- STATE

REGISTRAR

ALLEGANY COUNTY. 17h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Own Home May Jennetee Pyles Mr. James E. Abe. Corriganville PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinian death accurred on the date and have and from the causes stated 909-B SETON DRIVE, CUMBERLAND, MD. 21502 (SPECIFY) Burial 4-18-1980 Abe Cemetery Ridgeley, W.V. Near 24 FUNERAL DIRECTOR 108 MIRGINIA AVE. **DHMH-16 25M** (VRA 15, 4) 1/79 CUMBERLAND.MD.21502 SCARPELLI FUNERAL HOME.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

5:15PM

IF UNDER 24 HRS

1980

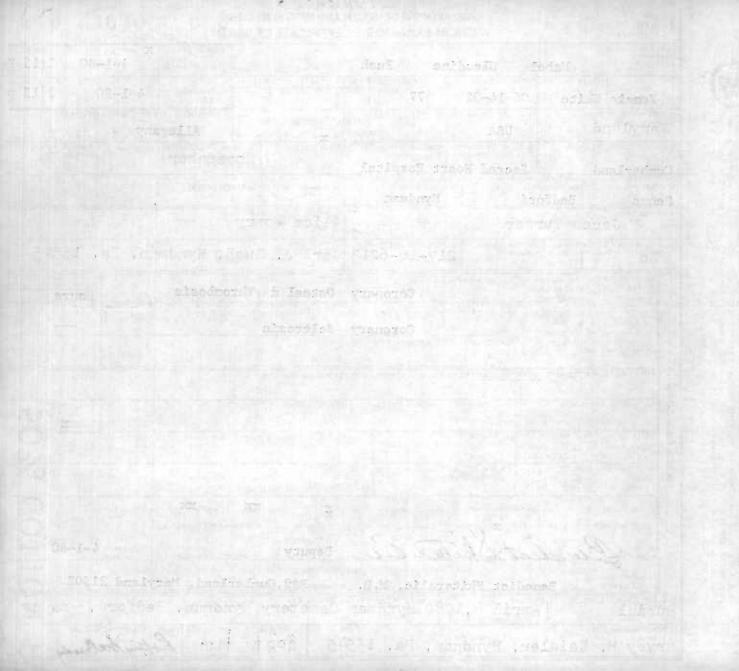
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STATE OF MARYLAND

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PRIOR TO BURIAL,	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE V UNDERLYING OR CONTRIBUTING CAU	SE OF DEATH P.A	A. MONTH DAY YE	AR		URRED (ENTER!	NATURE OF INJURY IN IT	EM 18 PART 1 OR PA	ART 2)	
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Z I I WOR		EXAMINER'S NAME (TYPE OR PRINT)	Benedict Sl								
- B A	Bt	rial cremation, remo	April 4	,1980 Hyr	iemetery c nd.man						STATE
- 17 AE (5)) /77		vey H. Ze	igler, Hyn	dman, Pa	. 155		PR 7	registrar 256.	1	SIGNATURE	, ,



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Male	4 RACE White		1925 54 YRS.	UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE MONTH PRONOUNCED DEAD	19 19 80
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2 C1	umberland	(DOA)	PITAL, NURSING HOME, OR C CILITY, GIVE STREET ADDRESS! ACTED HEART HO	spital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Manager -Service	Store
5 ISUAL F	RESIDENCE (IF IN NURSING H	ome or other institution, Given the Country Legany	13. CITY OR TOWN Cumberland	13d. INSIDE CITY LIMITS? YES NOTE	13. STREET ADDRESS lley Roa	d
	HER'S NAME ee Eugene Ca	rpenter, Sr	15, MOTHER'S MAIDEN NAME			
I 6a. WA (YES.	AS DECEASED EVER IN U.S. NO, OR UNKNOWN) (IF YES. YES	S. ARMED FORCES? GUE WAS OR DATES)	166. SOCIAL SECURITY NO. 214-16-2924		ADDRESS [arring Carpenter C	ash Valle
17	8. CAUSE OF DEATH (Entre PART I DEATH WAS CA	AUSED BY:	for (o), (b), and (c).) arcinomatosis	Cumberla Ceneralized	nd, MD	APPROXIMATE IN BETWEEN ONSET AF
OR REMOVAL.	Conditions, if any, we gove rise to immed cause (o) stoting the urlying couse lost.	which diate DUE TO, OR	AS A CONSEQUENCE OF Arcinoma Brond AS A CONSEQUENCE OF			8 month
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DRIAL HOSPITAL, MED. BUDE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN X MONTH (TYPE OR PRINT) ESTI-Margie Collins Jane DEATH MATED 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR SEX IF UNDER 24 HRS DATE 07-19-65 LAST BIRTHDAY PRONOUNCED Female White DEAD MARRIED NEVER MARRIE 74. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Maryland Allegany USA WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Memorial Hospital FOR MOST OF WORKING LIFE) Cumberland Student USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 2 G. Fort Cumberland Homes lary Land 13d. INSIDE CITY LIMITS? Allegany Cumber Land NO [14. FATHER'S NAME AND 2 15. MOTHER'S MAIDEN NAME Jonas Collins LAST MIDDLE Arleen Combs 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Arleen Collins, Cumberland, Md. Mother no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cerebral Hemorrhage; Left frontal 30 Minutes IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Rupture of Congenital Aneurysm gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. ** Congenital Aneurysm PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD E DEPARTMENT OF PRIOR TO BURIAL, C YES X NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE AT WORK NOT WHILE AT WORK Autapsy X 22a. I certify that I took charge of the remains described above, held on Inspection Natural couses X. Homicide TITLE (SPECIFY) DATE SIGNED 4-20-80 PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALTIMORE, MA EXAMINER'S NAME ADDRESS R#9, Cumberland, Maryland 21502 Benedict Skitarelic, M.D. 23t. NAME OF CEMETERY OR CREMATORY Maysville, W. Goldizen Cemetery Burial 4-23-1980 BP. 250. DATE REC'D BY REGISTRAR 236 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Scarpelli, Cumberland, Maryland 21502 15M 7/77

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(VRA 15, 4) 1/79

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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Durst, Frostburg, Md. 21532

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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		18. CAUSE OF DEATH (E	nter anly ane cause per li	ne far (a), (b), and (c).)					ATE INTERVAL
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		cause (a) stating the lying cause last.	DUE TO, C	OR AS A CONSEQUENCE	OF				
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		22a. I certify that I tool	charge of the remains d	escribed abave, held an	Autopsy	Inspection XX	Inquiry XX o	nd in my apinian	
		death resulted fram:	Natural causes XX,	Accident , S	uicide , Hamic	ide . Undete	ermined manner .		
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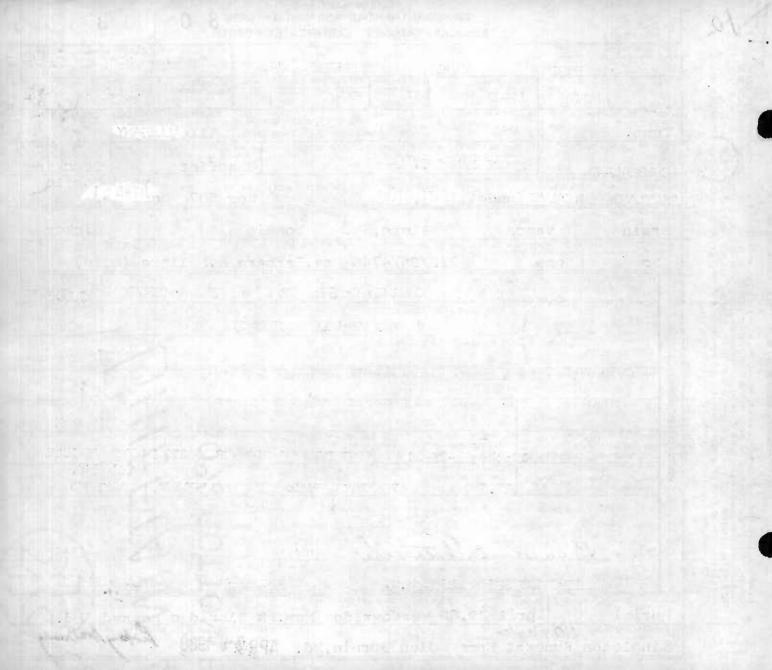
STATE OF MARYLAND

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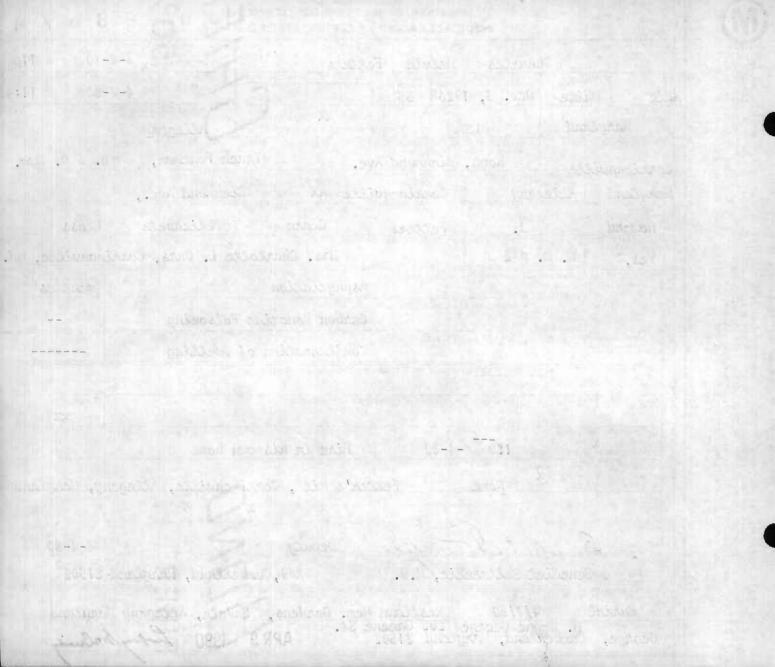
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	\$695E	3. SE.		Jame 4. RACE			6. AGE (IN YEAR		air DER I YR.	IE LINDED		DEATH M	ATED 5	1-11	19 80	2d. HOUR
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	SARY VOL TON		ale INTHPLACE (ST.	White_	1-13-19		TPV2 YRS				9 8			COUNTY	OF DEATH	l R
	S NECESSARY, PEE FUNERAL DIRECT 5 FOR YOUR FILE D, WITHIN 72 HOLI W, PRESTON STR	5	DREIGN COUNTRY)	Md	U.S		IKI	WIDOW	ED DE	VER MARRI	ED 📙		llego	-	o. Death	
	IS NE FU	10. C	ITY OR TOWN		11. NAME OF HOS	PITAL, NUR					12a. USUAL	OCCUPAT	ION (TYPE C		b. KIND OF BU	JSINESS
	3 TO THE FUR NIN PAGE 5 IN	1	Frostb	urg	Frostb		reer address) leight	s A	pts		Ret	ired	G LIFE)	- 1	OR INDUST	кү
_	I, 2, AND 3 TO 1, 2, AND 3 TO 1, 2, AND 3 TO 1 O 2 SHOULD BE FINTAL PAIN TALK THE PROPERTY OF	USU.		IF IN NURSING HOME O	ROTHER INSTITUTION GO	VE RESIDENCE	BEFORE ADMISSIO	N)	13d. INSIDE C	TV LIMITS?	13e STREET	ADDRESS				1
21201	AND		Md	All	egnny	Fr	or town ostbur	g	YES 🗀	NO 🗆	Fros	tbur	g He:	ights	s Apts	5
ID. 2	1, 2, 1, 2, 2 S 2 S S TAL	14. F	ATHER'S NAME		WIDDLE		AST		F	R'S MAIDE	N NAME	MIDD	LE		LAST	
Ä,	DEATH M PM	4	Franc			Fai			Ja	ane				Re	eady	
MOM	FORW FORM SS 1 AN	166.	WAS DECEASED	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	Jeb. SOC	IAL SECURITY	NO.	17. INFORA		T.T - 3		EDORESS	Ridge	e Road	
ALTI	S AF GIVE SAGE VISIO								WJ.	nnie	Weis	ет	Weti	nersi	field,	
, B	HOURS AFT M 18. GIVE I NG WITH F RMIT. PAGES RMIT. PAGES	15	PART I DE	F DEATH (Enter ani ATH WAS CAUSED	ly ane cause per line DBY:	far (a), (b),		To mo	no wir	0007	lusio	n			APPROXIMATE BETWEEN ONSE	T AND DEATH
N S	N 24 H A ITEM ALON T PERA YGIEN	100	11.11		TE CAUSE (a)	AS A CON	SEQUENCE O		nary	0003	LUSTO	11				
EST	HIN AND AND AND AND AND AND AND AND AND AN		Canditian	s, if any, which	DOE 10, OK		ronary		lero	sis				100		
× . P	UTED WITHII IN PENCIL IN EXAMINER RIAL-TRANSI MENTAL H OR REMOVE		gave ris	to immediate	(b) DUE TO, OR		SEQUENCE O			J 41. 12	_					
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD.	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. I RD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. USED AS A BURIAL-TRANSIT PERMIT PAGES 1 AND 2 S OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL AL, CREMATION, OR REMOVAL.		lying caus	se last.	(c)										No. of Contract of	
DS, 3	SXEC JG/ JCAL A BUI AND		PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELAT	TEO TO THE TERMI	VAL DISEASE	OR CONDITIO	GIVEN IN PAI	RT 1 (a).					
S	MAT WAT	NO													300	
2	SHOULD BE EDED ON PENDIN CHIEF MEDINE USED AS A FOR HEALTH	CAT	190. DATE OF	OPERATION	196. CONDIT	TION FOR V	VHICH OPERA	TION W	AS PERFOR	MED?	3			1	20. AUTOPSY	?
Z X	WORD THE CH TO BE U BENT OF	4 1	60 - 50 - 50 - 50 - 50 - 50 - 50 - 50 -	L CAUCE WAS											YES 🗆	NO 🔀
OF	U. 250-	MEDICAL CERTIFICATION	UNDERLYING		21b. TIME OF HOUR A.M		DAY YEAR	21c. HC	OW INJURY	OCCURRE	D (ENTER NATU	JRE OF INJURY	IN ITEM 18 PA	RT 1 OR PART 2	2)	
SION	G THE G TH SHOU	- S	CONTRIBUTIN	CAUSE OF D	DEATH P.M.		19 (AT HOME,	211 100	CATION				150			
DIV	(0 0 0 W W W	WE	WHILE C	NOT WHILE		ORY, FARM, ET			TREET		C	ITY OR TOWN		COUNT	TY .	STATE
	PAG VA	1	- 1	WORK	The same of the sa							Inquiry [XI		100	- 0
1	E COWW SE		1.4		e af the remains des	1	RESI.	Autap	Separate 1	Inspection				l in my apini	ian	
	EXAMINE CERTIFICA JID BE FO DIRECTOR WITH THE ARYLAND		death resulte	a Tram: Natur	ral causes '',	Acadent	Suic	ide,	, Hamio		Undeterm	ined mann	ier [],			
	EDICAL EXAMINE TE THE CERTIFICA A SHOULD BE FA NERAL DIRECTOI DEATH, WITH TH DEATH, WITH TH ORE, MARYLAND		ACTUAL SIGNATURE	Bens	deet	Skit	arel	Ce/M		pecify)	MEDICA	L EXAMIN	IED	DATE SIGNED.	4/11	./80
	SHIPERA SEAT SEAT SEAT						1000		2 4			14-9			· ·	
	X SM S M€	The same	EXAMINER'S I	NAME Ber	nedict S				ADDRESS_	Rt 9			and,	Md I	21502	
	PAC PAC AFI	23a.E	SURIAL, CREMAT	ION REMOVAL 2	3b. DATE		AME OF CEM	ETERY O	RCREMATO	ORY	23d. LOCA	TION	P	COUNTY	r s	TATE
	BP	24.5		rial	4/11/8	30 St	.Jose	ph	Ceme	erv	Mic	GISTRAR	The profes	A A	M	
	DHMH - 17 (VR A15 ME (5))		UNERAL DIREC		ral Home).T	nacon	ing	Md	A F	REC'D. BY RE	1980	E PA	11 July 1	Meres	4
	15M 7/77	1			_ C		-100011		7	1 (1	11. 7		2			

and the second of the content of the

1.	FOR STATE REGISTRAR	DEPARTMENT OF	HEALTH AND MENTAL HY NER'S CERTIFICATE OF		8 6 / 3
	ECEASED NAME FIRST (PE OR PRINT) ERWIN	VANCE	FELLERS, JR.	20. DATE KNOWNXX MOI	10 25. HOU -25-80 XLO: 44
3. SE	4. RACE	S. DATE OF BIRTH DAY 12-27-42 S. AGE (IN 14ST BIRTH		HRS. 2c. DATE MON	
T	OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED WIDOWED DIVORCED		
(1)	CUMBERLAND	11. NAME OF HOSPITAL, NURSING HOA (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS MEMORIAL HOSPITAL—	-004	on usual occupation (type of wo for most of working life) Chauffer	ORK 17b. KIND OF BUSINESS OR INDUSTRY Trucking
13a. M	ARYLAND Anne	TY IT A CITY OR TOWN Arundel Severn	YES NO YES	Box 507 Home	n Mobile Park
E	ATHER'S NAME FIRST TWIN V WAS DECEASED EVER IN U.S. ARA	ANCE Feller:		WIDDLE	Ricker
100.	NO (IF YES, GIVE NONE)	war or dates) 220/38/4	1746 Mrs.Barba		
	PART I DEATH WAS CAUSED IMMEDIATE	y ane cause per line far (a), (b), and (c).) DBY: CRUSH CAUSE (a) DUE TO, OR AS A CONSEQUENCE	HED CHEST; FRACT	URE OF 2ND CERVIO	CAL SUDDEN
	Canditians, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	(b) Q TV	OF VEHICLE ACCIDE	NT)	
N N	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 1	(α).	
MEDICAL CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20. AUTOPSY?
CAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH DAY YEA DEATHO: 44 P.M. 4-25-80 19	R	ENTER NATURE OF INJURY IN ITEM 18 PART 1 C	DR PART 2)
MEDI	21d. INJURY OCCURRED WHILE AT WORK AT WORK	TIE. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET HARRYS TRUCK STO	CITY OR TOWN	CIDENT. COUNTY STATE ARYLAND
		e of the remains described above, held an	Autapsy , Inspection Dicide , Hamicide	X, Inquiry X, and in m	y apinian
	ACTUAL Blue	edict Skitary	TITLE (SPECIFY) M. DEPUTY	_MEDICAL EXAMINER SK	TE 4-25-80
		ICT SKITARELIC, M.D		MBERLAND, MARYLAI	ND 21502
É	SURIAL CREMATION, REMOVAL 2: SPECEFY) SURIAL PUNERAL DIRECTOR	pril 29,80 Mead	owridge Mem.Pk	23d LOCATION CITY OF TOWN E1Kridge Howa 'D. BY REGISTRAR 25b. REGISTRAR	COUNTY STATE
	ingleton Fune	laylor ADDRESS eral Home Glen		2 9 1980	Metrody



The same of the sa							STATE	OFMA	RYLAN	ND							
L. AA			FOR STATE			DEPART	MENT OF H	EALTH A	ND M	ENTAL	HYGIEN	IE A	11	67	9	E-	7 1
			REGISTRAR		ME	DICAL	EXAMINE	R'S CE	RTIFIC	CATE	OF DEA	ATH"	REG.	. NO.	O	0	-
			CEASED NAME	FIRST		MIDDLE	11 12 1	LAS	iT			20. DATE	KNOWN	1 MON	NTH DAY	YEAR	2b. HOUR
S. S. S.	S E	(iiir	E OR PRIITI		Charles	Mel	Evin F	ette	rs.			OF DEATH	ESTI- MATED	Dx 4	-4-80) 19	1118
CTO	TREE	3. SEX	4.	RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEARS	IF UNDE		IF UNDE	R 24 HRS.	2c. DATI		MON	TH DAY	YEAR	2d. HOUR
ZY, P	N S	Ma	le	White	Dec. 3,	1926	53 YRS	MONTHS	DAYS	HOURS	MIN.	PRONOU!	NCED	4	1-4-80) 10	1134
SSAL RAL	Z P	7a. BI	RTHPLACE (STAT	E OR	76. CITIZEN OF W	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED XXNEVER MARRIED 7. BALTIMORE CITY OR COUNT										- 70	
NECES STORY	20			<i>yland</i>		USA WIDOWED DIVORCED Allegary 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK)									MD.		
THE AGE		10. CI	TY OR TOWN O	FDEATH	LIE NOT IN SUCH EA	CHITY GIVES	TREET ADDRESS!		INSTITU	TION	12a. USL	DALOCCU MOST OF WO	RKING LIFE)	(TYPE OF WC		OR INDUST	RY
P P P	SSE	C	okrioan	ille	Home OR OTHER INSTITUTION, G	, Ric	hmond A	ve.			Trac	cr ro	remai	n,	B.	80.	Revy.
O NY ETAR	1 28 E	13a. S	TATE	LI3h COUN	ITY		OR TOWN		d. INSIDE C	ITY LIMITS?	13e. STR	EET ADDR	ESS				
SHOOT SHOT SH			aryland	Alle	.gany	1 00	rruganv						nd Ai	10,			
MD.	14. F.A	THER'S NAME		MIDDLE		LAST	15	F	IDST	DEN NAME	,	MIDDLE			LAST		
DE DE		Howard	E) (ED 1) 11 C 10	J.		tters	10 17	INFOR	ara		EL	izabe		B	loss		
FTER I		16a, V (YI	VAS DECEASED	EVER IN U.S. AR N) (IF YES, GIVE	MED FORCES? WAR OR DATES)	16b. SO	CIAL SECURITY N										0 11
STON ST., BALTII HIN 24 HOURS AF IN ITEM 18. GIVE N IN ITEM 18. GIVE N IN ITEM 18. GIVE HYGIENE, DIVISIO VAL.		Yes.						MILS.	Cna	rcori	e L.	owis	, Co	rruga	invill	le, Ma	
	H	18. CAUSE OF PART I DEA	DEATH (Enter or TH WAS CAUSE	ily ane cause per line	far (a), (b), and (c).)	Aent	uvi	ation	1					APPROXIMATE TWEEN ONSE		
		00		TE CAUSE (a)				igxic	LLON	L				n	nunut	es	
	>	8/6	if any, which	-	AS A CON	NSEQUENCE OF		aua f	Lauran	cide F	Da i e au			3			
E S S	PRES CIL II INER MOV.		gave rise	ta immediate	(b)			caa	on n	nontox	acue r	02501	nung				
301 W.	D MEN' OR RE	Ŕ	lying cause	tating the <u>under</u> - last.	DUE TO, OR	AS A CON	NSEQUENCE OF	Cont	(lag)	ratio	n of	Dwel	ling				
EXECT OF	A A O		PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMINA	AL OISEASE OF	CONDITIO	N GIVEN IN I	PART 1 (a).						
RECORDS, JID BE EXEMPLY PENDING	ALTH	CERTIFICATION															
LRE VEE	BH S	CAT	19a. DATE OF C	PERATION	19b. CONDI	TION FOR	WHICH OPERAT	ION WAS	PERFOR	MED?					20.	AUTOPSY'	?
SHO ORD	AI,	E														YES KK	NO 🗆
OF V	ACENT BURI	CER	21a. EXTERNAL UNDERLYING		21b. TIME O		DAY YEAR	21c. HOW	NJURY	OCCUR	RED (ENTER	NATURE OF IN	JURY IN ITEA	A 18 PART 1 C	OR PART 2)		
NO SHIP	T Z Z	MEDICAL		G CAUSE OF	DEATH LLOOP.N	4-4-8	19	Fi	re i	in hi	s own	1 home	2				
VISIT NEED OF SECTION	RIOI R	EDI	21d. INJURY OC	CURRED	21e. PLACE	OF INJURY TORY, FARM, E		211. LOCA		+	1.1.	CITY OR TO	WN		COUNTY		STATE
DI DI	SES	2	AT WORK	NOT WHILE D	Home			ter's	Hil	el. (Corrig			Alle		Mari	uland
R: TI	1 5 ST P		220 Leertify	that I taak chare	ge of the remains de	scribed abo		Autapsy		Inspecti		Inquiry		and in m	0 0,		,
N A A	O E S		death resulted		ral causes ,	Accident			Hamie		1	ermined m	-	7	y apiman		
A B B B B B B B B B B B B B B B B B B B	SYLA SYLA		Gedin regenera	0	1 . 6	7	1	de,		PECIFY)	onder		G.II.707				
	1, ×		ACTUAL SIGNATURE	Denei	het de	tar	elie	M.D.	Depu		MED	ICAL EXA	WINER	DA SIG	ATE GNED 4	4-4-81)
SH	EAT ORE,		01011741014320		. 01.1.1	0.6	11.0				L. 176						
MED CUTI	E E	-	EXAMINER'S NOT THE CONTROL OF THE CO	ambenedi	ct Skitar	elic,	M.V.	AD	DRESS_	K#9,	Cumbe	erlan	d, Mo	vryla	nd-21	1502	
TO EXE	AFTI BAL	23a. B	URIAL, CREMATE		23b. DATE		NAME OF CEME				CITY	OCATION			COUNTY	S	ATE
BP		LE'	Buri		4/7/80	R	estlawn 12 Greev	Mem.	Gar	dens	. La	Vale.	All	egani	1 Mar	yland	1
рнмн		24. FI	UNERAL DIRECT	OR H. WC	ryne Georg	je, 20	02 Green	ie St		25a. DATI	REC'D. BY	REGISTR.	AR 25b. R	ECISTRAR	'S SIGNA	TURE	-
(VR A15 A		10	George,	cumbe	rland, Ma	ryxan	a 21502			AP	R 9	1980	1	wife	y Mel	ready	



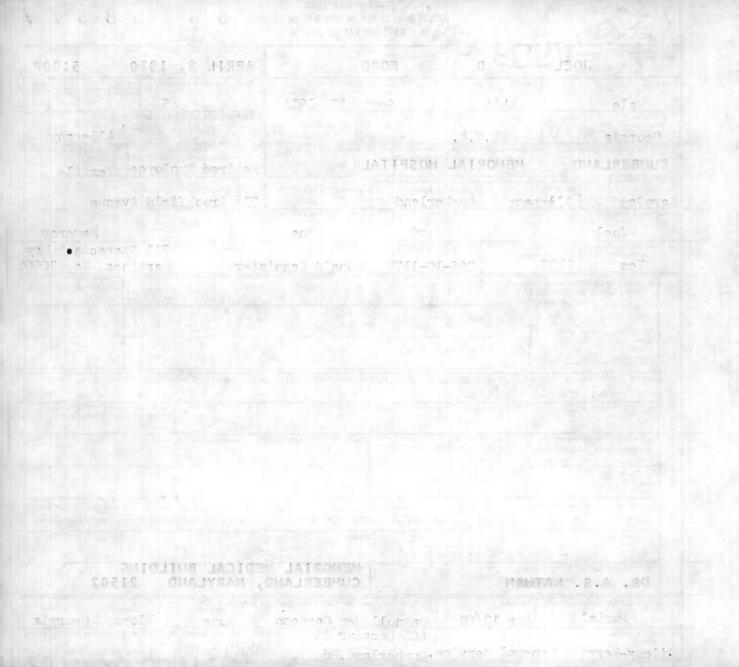
	CEASED NAME PE OR PRINT)	FIRST	am R T	Flanagan	LAST		OF ESTI- DEATH MATED	-X	AY YEAR 1 75. HOL
3. SE	X 4. R.	ACE IS.	DATE OF BIRTH	H YEAR 6 AGE (IN YE		IF UNDER 24 HRS.	2c. DATE PRONOUNCED	MONTH I	23 19 80 A
0 /	IRTHPLACE (STATE	ite 71		1 1894 85 Y		Mile	9. BALTIMORE CI	TY OR COUNTY	PRO A A DE
10. 0	est Virgi	DEATH I		DSPITAL, NURSING HOMI		TION 12a. USI	Allegan	(TYPE OF WORK 17b	KIND OF BUSINESS OR INDUSTRY
	umberland			FACULTY, GIVE STREET ADDRESS) AT A YET A		F	ost of working life)	(Mang.)	arm
0.	MD	Allega	any	Cumber Lar	nd YES X	TY LIMITS? 13e. STR	eet address 02 Lafay	ette Ave	nue
4. F	ATHER'S NAME FIRST Willi		AIDDLE 6	Flanagan	15. MOTHE	R'S MAIDEN NAME Sarah	MIDDLE	Stic	tast kley
6a.	WAS DECEASED EVI (ES, NO, OR UNKNOWN)			166. SOCIAL SECURIT			ADDR	RE3404 Ha	rgrove Av
	18 CAUSE OF DE PART I DEATH	WAS CAUSED B	Y:	ne far (a), (b), and (c).) Coronary Oc		100	edina gan		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	410 - Canditians, it gave rise to	f any, which a immediate		Coronary Sc	OF				
	cause (a) state		DUE TO, O	R AS A CONSEQUENCE	OF			1756	
0.4			(c)						
NO	PART 2 DTHER SIGNIFIC	CANT CONDITIONS <u>Con</u>		H BUT NOT RELATED TO THE TERM	AINAL DISEASE DR CONDITION	GIVEN IN PART 1 (a).			
IFICATION	PART 2 DTHER SIGNIFIC		TRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM			100		D. AUTOPSY?
CAL CERTIFICATION	Time.	RATION AUSEWAS	19b. COND 21b. TIME C HOUR A.	DE INJURY M. MONTH DAY YEAR	RATION WAS PERFOR		NATURE OF INJURY IN ITE		ID. AUTOPSY? YES □ NO X
MEDICAL CERTIFICATION	19a. DATE OF OPE	AUSE WAS OR CAUSE OF DEA	19b. COND 21b. TIME C HOUR A./ 11c. PLACE	DE INJURY M. MONTH DAY YEAR	RATION WAS PERFOR	MED?	NATURE OF INJURY IN ITE. CITY OR TOWN		YES NO X
	210. EXTERNAL CAUNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE WAS OR CAUSE OF DEA JERED DT WHILE WORK	19b. COND 21b. TIME C HOUR AJ. 21e PLACE STREET, FAI	OF INJURY M. MONTH DAY YEAR M. 19 GOF INJURY (AT HOME, CTORY, FARM, ETC.)	216. HOW INJURY 216. LOCATION STREET Autapsy ,	OCCURRED (ENTER) Inspection , Undet		M 18 PART 1 OR PART 2)	YES NO X
	210. EXTERNAL CA UNDERLYING CONTRIBUTING [11d. INJURY OCCU WHILE AT WORK AT 220. I certify the	AUSE WAS OR CAUSE OF DEA JERED DT WHILE WORK	19b. COND 21b. TIME C HOUR AJ. TH 21e PLACE STREET, FAI	OF INJURY M. MONTH DAY YEAR M. 19 GOF INJURY (AT HOME, CTORY, FARM, ETC.)	216. HOW INJURY 216. LOCATION STREET Autopsy , icide , Hamic	Inspection , Undet	Inquiry X,	M 18 PART 1 OR PART 2)	YES NO X
	210. EXTERNAL CA UNDERLYING CONTRIBUTING [11d. INJURY OCCU WHILE AT WORK AT 220. I certify the	AUSE WAS OR CAUSE OF DEA JURRED DT WHILE WORK at I taak charge a am: Natural	19b. COND 21b. TIME C HOUR AJ. TH P.J. 21e PLACE STREET, FAI.	OF INJURY M. MONTH DAY YEAR M. 19 GOF INJURY (AT HOME, CTORY, FARM, ETC.)	216. HOW INJURY 216. LOCATION STREET Autopsy, sicide, Homic TITLE (SI	Inspection , Under	Inquiry A, ermined manner	COUNTY and in my apinio	YES □ NO X STATE

Waste to abcoming a smooth of comme result (see the self -5 Mbnse neitiem L. Flancean Stor Maronova avo. 212 12 8517 Thomas K. Flansean Visiono, Va. LINE IN THE PROPERTY DESCRIPTION OF THE PROPERTY AND ASSESSMENT OF THE PROPERTY ASSES Surfat ... 25 Apr. 30 Branchwall Comotory ... Nossets Mitt Minoral N. Vo. Houses in deal

		1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		8676
1	1	1 DEC	EASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 28. HOUR
9 E #	77		JERRY	JONES	FLETCHER	APRIL 7, 198	
nay be page 3		3 SEX		4 RACE	S. DATE OF BIRTH		# UNDER I YEAR # UNDER 74 HRS
tor,	nce.	0.02	Male	White	MONTH - 21 - 41		MONTHS DAYS HOURS MIN
dire	ato	7a. Blf	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH
er det en ag funeral direc nin 72 hours	PS S	K		USA	WIDOWED DIVORCED	At	LLEGANY, A
£ 0 =	a5 2		umberland	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION EET ADDRESS)	12e. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING CHE Carpenter	12h KIND OF BUSINESS O
hou in b	snu		L RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEI	ART HOSPITAL	carpencer	Construct:
filled i	Ser.	13a. S	TATE 136 COUN	egany Flint	DWN 136. INSIDE CITY LIMITS?	Star Route	
with sho	e x	14 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	LAST
completed and 2	E/10			S. Fletc		MIDDLE	Wharton
d co	med	lás W	AS DECEASED EVER IN U.S. AR			ADDRESS	
	₽ /		known (F 7ES, GIVI		38-1995 Carl Fle	tcher - same a	s above
death certi ending phy carbon pal	traumatic event,		PART I. DEATH WAS CAUSE	nly ane cause per lice for (a), (b), (b) BY. TE CAUSE (a)	hehr feilure	& brain melogle	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by by	any injury, or other	TION		DUE TO, OR AS A CONSECUTION CONDITIONS CONTRIBUTING T	DUENCE OF LONG.		
The law requires the has been signed by sermit. Then please reen ene prior to burial, or	shows any injury, or	TIFICATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUTION CONDITIONS CONTRIBUTING T	DUENCE OF CONTROL OF	200 AUTOPSY? 200. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
ilAN: The law requires the cian. ficate has been signed by nsit permit. Then please and theygene prior to burial, co	Item 18 shows any injury, or	CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH THE CONDITION FOR	O DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 200 IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
HYSICIAN: The law requires the physician. is certificate has been signed by ial-transit permit. Then please referral Hygiene prior to burial, ci	or Item 18 shows any injury, or	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CAUSE OF DEA	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH THE CONDITION FOR	DUENCE OF CODEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION	200 AUTOPSY? 200 IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
ITAL STATTENDING PHYSICIAN: The law requires the taspital or attending physician. RAL DIRECTOR: After this certificate has been signed by detached for use as the burial-transit permit. Then please retained better the best of the burial or the burial, or the burial or the burial, or the burial, or the burial, or the burial or the bur	If Item 21 is marked or Item 18 shows any injury, or	MEDICAL	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (1% DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED AT WORK NOTIFY MEDICAL EXAMINER 22d. Terrify that (1) (this hasping saw the deceased alive an above, (1) (we) Idid) (did no included).	DUE TO, OR AS A CONSECTION. DUE TO, OR AS A CONSECTION. 196. CONDITION FOR WHITE 197. CONDITI	DUENCE OF DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED 211 HOW INJURY OCCUR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 220 ADDRESS	200 AUTOPSY? 200 IF YES IN CERTIFYES NO YES	COUNTY STATE 19
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and Mental Hygiene arked or Item 18 sho	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A	.M. MONTH DA	Y YEAR			RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1	OR PART 2)	
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ite Dept, of Health IT: If Item 21 is ma		22e.1 certify that M (this has saw the deceased alive obave, M (we) (did) (did) (22b. SIGNATURE	on 4/	8/ 198	-	EGREE		medical STA			
with the State Dept. of HIMPORTANT: If Item 2		DR. A.S. N	ATHAN	00-00		22M 10 10 10 10 10 10 10 10 10 10 10 10 10	RIAL	MEDICAL BU MARYLAN	JILDING	502	
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H-16 25M 15, 4) 1/79		UNERAL DIRECTOR NAME 1 COX-Merritt	Apr 12	ADDRESS 40	4 Dec	Mem G atur S and Md	t 250. DATE	Rome REC'D. BY REGISTRAR APR 1 5 198	25b. REGISTRAR		Cready



ttending physicion ond completely filled in by the Tri ve corbonpapers. Poges 1 and 2 should be filed with

the ottending physicion

should be detoched for use os the buriol-tronsit permit. Then pleose remove corbon pape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal

TO FUNERAL DIRECTOR: After this certificate has been signed by

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DA'	Y YE	AR	2h HOLIP	

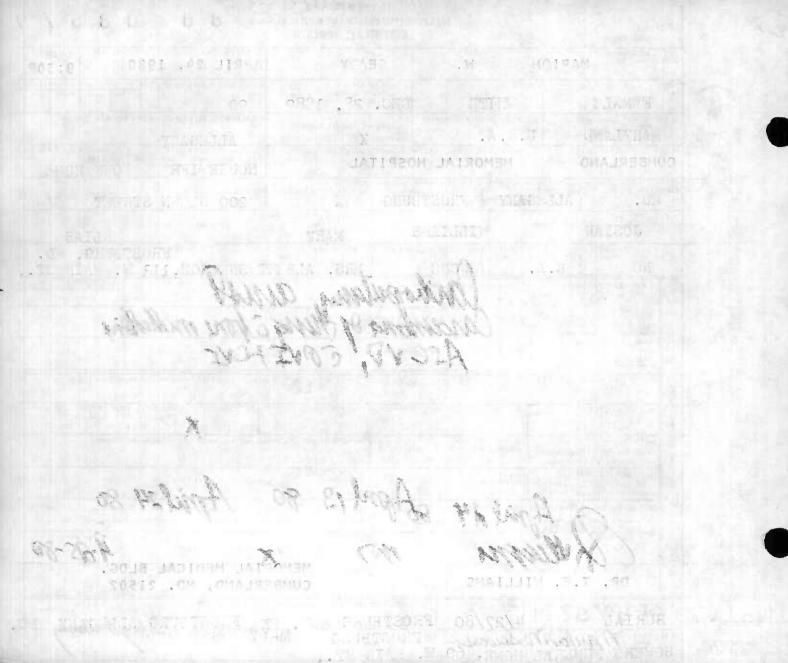
1.	REGISTRAR				CERTIF	CATE OF DEATH		REG. NO.			
	CEASED NAME OR PRINT)	Tola		R.	Fr	em	20. DATE OF	DEATH MO		980	2b HOU
3. SE	x Female		4 RACE White		5. DATE O		6 AGE (IN YEA	-	AY)	FUNDER I YEAR	IF UNDER
III C	RTHPLACE ISTATE OF MARY LAND	r foreign	76 CITIZEN OF	WHAT COUNTRY	12 8	NEVER MARRIED	9 BALTIMOR	RECITY OR Llegan	COUNTY	OF DEATH	
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13a S	AL RESIDENCE (IF NO STATE Maryland	113b. COUN	egany	GIVE RESIDENCE BEFO 13c CITY OR TO Frostb	WN	13d INSIDE CITY LIMITS?		Bower	y St.		
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16a V	VAS DECEASED EVE YES, NO OR UNKNOWN]		MED FORCES? E WAR OR DATES)	214-30-		Mr. John P.	Fram,				
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	22b. SIGNATURE	1	8/	lee	ly le kunde	ATTENDING PHYSICIAN (MEDICAL DEFRECTOR [STAFF PHYSICIA		The DATE	18/

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

FOR

Durst Funeral Home, Frostburg, Md. 21532

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	3. SE	x emale	4. RACE White	DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY	MONTH		IF UNDER 24	HRS. 2c. DAT PRONOU DEA	NCED	4-10-	AY YEAR	2d H
5	M	BIRTHPLACE (S OREIGN COUNTRY) ARYLAND		76. CITIZEN OF WH			WIDOW	ED 🗆	ER MARRIED		llega	OR COUNTY C		
-	C	umberla	nd	11. NAME OF HOSE MEMORIA	HOS	pital	-DOA	ER INSTITUT		FOR MOST OF WO	RKING LIFE)		OR INDUSTR BAKER	RY
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40	NC	gave ri cause (a) lying cau		(b)		SEQUENCE O	F	OR CONDITION		erosis				
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3 :	SEX	4 RA	CE	S. DATE OF BIRTH	YEAR 6.	AGE (IN YEARS II	UNDER 1 YR.	IF UNDER 2		ATE	MÓN	TH DAY		. HOU
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14	I. FAT	THER'S NAME		WIDDLE	LAS	7		R'S MAIDEN	NAME	WIDDLE	Mar	gerum	7	
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160	a W	AS DECEASED EVER	IN U.S. ARA			L SECURITY NO.	17. INFORM	AANT		ADDR				
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F	T	18 CAUSE OF DEA	TH (Enter ant	y ane cause per line	far (a), (b), a	nd (c).)							OXIMATE INT	ERVAL
		PART I DEATH V		E CAUSE (a)		Shock;	Hemorr	chage					nutes	
	-	8/20			AS A CONSE	QUENCE OF			THEFT					
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	E												S XX	10 [
		210. EXTERNAL CAL	OP		INJURY MONTH D	AY YEAR	. HOW INJURY	OCCURRED	(ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 C	OR PART 2)		
1	5	CONTRIBUTING	CAUSE OF D	EATH P.M.	4-18=	8019	Driver	in tw	o car	collis	ion			
1	A L	WHILE NO			OF INJURY (OF Mart		, спус	OR TOWN		COUNTY		STATE
		WHILE NOT	VORK XX	Rt,#4	U, Ea	st side	of Mart	in Mt	.at pic	cnic a	rea,	Alleg	any,	Md.
		22a. I certify that	I taak charge	e af the remains desc	cribed abave,	held an Au	topsy XX	Inspection	XX Inq	uiry XX	and in m	y apinian		
		death resulted from	m: Nature	al causes :	Accident			ide .	Undetermine	,],			
		1)	18		/	TITLE (SP	PECIFY)						
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		ACTUAL SIGNATUR	MRA								0,,			
2		SIGNATU	enea											
		EXAMINER'S NAME (TYPE OR PRINT)	Benedi	ct Skitar	elic,	M.D.	ADDRESS	R#9,C	umberl		aryla	nd 215	02	
230		SIGNATURE SIAME	Benedi				ADDRESS Y OR CREMATO		23d LOCATION OF TOWN			nd 215	02 STATE	

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	_	FOR		DEPART	MENT OF HEA	ALTH AND MENTAL HY	CIENE 35		23 23	1 1 3
	1 -	STATE REGISTRAR				CATE OF DEATH	4	EG, NO.		
		EASED NAME FIRST		MIDDLE	LAS	ii .	20 DATE OF DEA		DAY YEAR	26. HOUR
)		A	RTHUR	Byron	GIBS	ON	APRIL 1	8, 1980)	:10
1	3 SEX	Male	1. RACE Whi	ite	July		4. AGE (IN YEARS L		IF UNDER 1 YEAR	IF UNDER 2
4	o. Bil	RTHPLACE (STATE OR FOREIGN Wash. D. C.	11 0	F WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED		legany	OF DEATH	
- 6		MBERLAND, M	D III. NAME OF	F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET MORIAL H	ADDRESS) 105PIT	OTHER INSTITUTION	120. USUAL OCC (TYPE OF WORK FOR COMPACE)	UPATION MOST OF WORKING LIFE	12b. KIND C INDUSTRY	Of C
15	13a S				E ADMISSIONI	134. INSIDE CITY LIMITS?	13. STREET ADD 905 BA	ress Laddock R	d.	
11	4. FA	THER'S NAME FIRST Luther	MIDDLE W.	Gibson		S. MOTHER'S MAIDEN N FIRST LUCY	AME	DDLE	Hugh	ies
1	60 W	AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES,	. ARMED FORCES? , GIVE WAR OR DATES)		JRITY NO. I	Mrs. Mary W.		ADDRESS	Md. 2	1502
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er anly ane cause p	er far (a), (b), an	id (c).)				APPROX BETWEEN	MATE INTER
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	ORAS A CONSEQUI	241	mombosis	4			
	ION	gave rise to immediate cause (a), stating the	(b)_ DUE TO,	ORAS A CONSEQUI	ence of Az	CERNOSCLONOT RELATED TO THE LER			0	
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5	FC	RTHPLACE (ST REIGN COUNTRY) W Va		76. CITIZEN OF W	A	WIDON	RIED NEVER MAR	CED Allega	ny	ITY OF DEATH	MD.
00	W		ort Md.	301 Vin	PITAL, NURSING HOME	rnpo	rt Md.	120. USUAL OCCUPATION FOR MOST OF WORKING LIFE Agent	(TYPE OF WORK	OR INDUS	
5	13a. S	AL RESIDENCE (TATE Md.	IF IN NURSING HOME	or other institution, GI NTY Legany	VE RESIDENCE BEFORE ADMISSI 13C. CITY OR TOWN Westernpo		13d. INSIDE CITY LIMITS?	13e. STREET ADDRES301	Vine	St. West	ternpor
N		THER'S NAME FIRST Manu		MIDDLE	'aines		15. MOTHER'S MAID FIRST Mint	MIDDLE		Ho.	tt
1	16a. V	AS DECEASED	EVER IN U.S. AR	RMED FORCES?	236-12-4	311	17. INFORMANT Eugene	Haines Md. Av	e. Wes	ternpor	t Md,
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		4/0	s, if any, which	DUE TO, OR	as a consequence of Coronary So		sis		0, 3	gad and	PM .
CREMATION, OR REMOVAL			stating the under	DUE TO, OR	AS A CONSEQUENCE						
	N	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	NAL OISEA	SE OR CONDITION GIVEN IN P	ART 1 (a).			
7	FICATIC	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION V	VAS PERFORMED?			20. AUTOPS	
3	MEDICAL CERTIFICATION	UNDERLYING	CAUSE WAS OR		MONTH DAY YEAR	21c. H	OW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR P.	YES ART 2)	NO 🔀
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BALTIMORE, MARYLAND, 21		ACTUAL SIGNATURE	Bene	dist	Retarde	1	TITLE (SPECIFY) Deputy	MEDICAL EXAMINER	DATE SIGN		0
2		EXAMINER'S N (TYPE OR PRIN	NAME Bene	dict Skit	arelic		ADDRESSBal	timore Pike, (
	23a.B l	RIAL, CREMAT	ON REMOVAL	728/80	23c PHAME OF CEA	AETERY C		23d LOCATION CHYORTOWN Westernpo	ort All	leganv	STATE Md.
	24. FU	NAME Boal F		Service ADBRESS	A. Western	port	Md. 250. DATE	REC'D. BY REGISTRAR 256. F	REGISTRAR'S	SIGNATURE	y

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3. S	EX	4. RACE	5. DATE OF BIRTH	YEAR LAST BIR	HEARS IF UN	all NDER 1 YR. IF UNDE		C. DATE RONOUNCED	ITHOM	-20-8 ₁ Q	YEAR
70.	BIRTHPLACE (S FOREIGN GOUNTRY)	White	3-5-53	27	YRS.	RIED 👺 NEVER MAR	RIED 9	DEAD BALTIMORE CIT	Y OR COU	-20-8 A	
10.	CITY OR TOWN	OF DEATH	(IF NOT IN SUCH F.	SPITAL, NURSING HO ACILITY, GIVE STREET ADDRE	55)	HER INSTITUTION	12a, USUA	Allegan	(TYPE OF WOR	12b. KIND OR IN	OF B
85 130.	W, Va	Miner	Y	134. CITY OR TOW Ridgeley	N	13d. INSIDE CITY LIMITS? YES X NO		ET ADDRESS 21	Poto	mac Av	e.
7	Paul		F. McFa	rland last		15. MOTHER'S MAIL Marga	enname	MIPDLE		Ravens	
3 160.	WAS DECEASE (YES, NO, OR UNKNO	D EVER IN U.S. ARM		16b. SOCIAL SECU	RITY NO.	Mr. Larry	w. He	all, 21 F	ess Ric Potomo	igeley, ic Ave.	2
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BAITIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	PART 2 OTHER SI 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK 22a. I certit deoth results SIGNATUR	OPERATION CL CAUSE WAS CONTRIBUTIONS OF CONTRIBUTIONS OF CAUSE OF DECCURRED NOT WHILE AT WORK AT WORK AT WORK The transfer of the contribution of the contributio	DUE TO, OF (b) DUE TO, OF (c) ONTRIBUTING TO DEATH 19b. CONDI 21b. TIME O HOUR A.A 21a. PLACE STREET, FAC	R AS A CONSEQUENCE R AS A	EE OF E POSIS EEN SERVINAL DISEAS PERATION W 21c. Hi Autop Suicide	S; Insuff ulitis SE OR CONDITION GIVEN IN P VAS PERFORMED? OW INJURY OCCURR OCATION STREET	icienc ARI I (a). ED (ENTERNA Undeter	CITY OR TOWN Inquiry XX, mined monner AL EXAMINER	ond in my DAT	2D. AUT YES (PART 2) COUNTY Opinion E NED 4-20	OPS

The contract of the state of th THE LOCAL PROPERTY OF Burden Colored The states to be a second seco

certificate be executed within 24 hours aft

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the retained by the hospital or attending physicion.

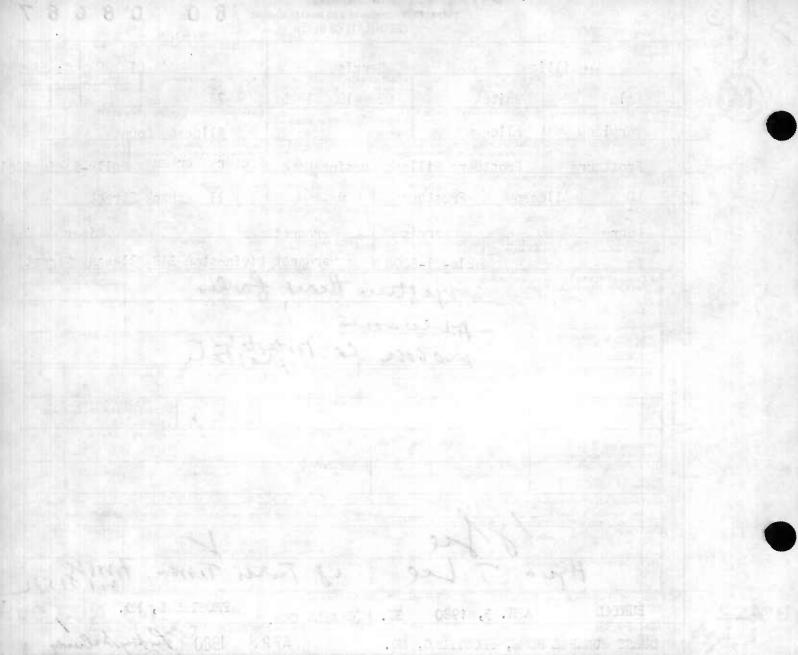
	FOR STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYI	MENTAL HYG	IENE	8 0	78	0 8	08
	1. DECEASED NAMI (TYPE OR PRINT)	CARL	LEW			ST MPT ON	SR.	20. DATE C	REG. NO DE DEATH	монтн 14,	1980	26. HOUR 5:40A
once.	3. SEX Male		4 RACE White	9	5 DATE O	DAY	1932	47	YEARS LAST BIRT	HDAY) YRS.	MONTHS DAYS	HOURS MIN
77	South Ca	rolina	76 CITIZEN OF WH	IAT COUNTRY?	MARRIED WIDOWEI		MARRIED	9 BALTIM			COUNTY,	٨
52	Cumber1	and	SAC	RED HEA	RT HOS		NOITUTION	(TYPE OF WO	OCCUPATE RK FOR MOST OF CTICI	F WORKING L	#E) INDUSTRY	of Business of
35	Maryla	13b COU		c CITY OR TOW Cumberl	'N	YES 🗆	NO [K		ADDRESS ute 9			
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1, 96 m	16a WAS DECEASE (YES, NO OR UNKNO NO		MED FORCES? E WAR OR DATES)	SOCIAL SECU	JRITY NO.	17 INFORM	L. Ham	oton,	ADDRE	ss cland	Md. S	ON
Daws any injury, or other	gove rise cause (a), underlying		CONDITIONS CONT	S A CONSEQUE	DEATH BUT I			INAL DISEAS		20b. IF YE	VEN IN PART 1(NGS USED
9	OR CONTRIBUTE	WAS UNDERLYING CAUSE OF DEA	HOUR A.M.	NJURY MONTH DA		žic HOW II	NJURY OCCURR	YES [NO	Y	ES 🗌	но 🗆
	(IF EITHER, NOTE 21d. INJURY C WHILE AT WORK	CCURRED NOT WHILE AT WORK	P.M. 21e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, F	19 ARM, ETC.)	211 LOCAT STREET	ON		CITY OR TOW	'n	COUNTY	STATE
	saw the abave, (J. 771 SISSAFL	deceased alive an (we)(did)(did no RE	new the body after	19.6		EGREE R-D	19 SO) (our) opinion of ATTENDING PHYSICIAN	MEDICAL	STAF	F	ur and from the	
NPORTS	JOHN 230 BURIAL CREMA	TION REMOVAL	NNA, M. D.	[23c N	NAME OF CE	METERY OR	B SETON CREMATORY	23d. LOC	ATION	BERLA	ND, MD.	
	(SPECIFY) Bur	ial	Apr.16,	1980 H	VIRGII BERLANI	est Bu	rial Pa	rk C	umber COURTERAR		Allega RAPS CHA	iny Md.

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	1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	IENE 👸 🗓	0.8	0 0 0
		CEASED NAME FIRST	WIDDLE	L	NST		MONTH DAY YEAR	26. HOUR
ge 3		Adamodootixo	oft Adam And	rew	HANFT	4/5/80		7:35 am
	3 SE	X	4 RACE	5 DATE O	F BIRTH DAY YEAR	& AGE (IN YEARS LAST BIRT	MONTHS DA	
		M	white	1/3/		87	YRS.	TS THOURS MIN
2		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY OF DEATH	
335		Accident, Md.	usa	WIDOWE		Allegany		MC
De no	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		ROTHER INSTITUTION	178 USUAL OCCUPATI		O OF BUSINESS OR
d2/		rostburg	Frostburg Comm	unity	Hospital			re
should be filed	USU 13e	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	134. INSIDE CITY LIMITS?	13. STREET ADDRESS		
3/5	Ma	aryland Garre			YES 😿 NO 🗌	Miller S	t. Box 193	
exa	14. F/	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME		LAST
medical O		Charles	Hanft	1000	Anna	MIDDLE	Oeste	
E		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUL	JRITY NO.	Grace Broad	ADDRE	55	
T the	1	YES, NO OR UNKNOWN) (IF YES, GIVE	214-03-7	108	Commercial	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	rantsvill Mityros ik	
event,		18 CAUSE OF DEATH (Enter on	ly one couse per line far (a), (b), ar	id (c). I				OXIMATE INTERVAL EN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	Ď BY		& Intaral	1.2		
or re		14 A IMMEDIAI			9			
ion,		Canditions, if any, which	DUE TO, OR AS A CONSEOU	s fler	To. Least.	D. seaso		
cremation, or rem or other traumatic		gave rise to immediate			,	(4)	12	
٥ ، د		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF			Section 1	
burtal,		PART 2 OTHER SICNIES CANT	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERM	INAL DISEASE OF COM	DITION GIVEN IN BART	1(0)
9 >	Z	Oh con	(3)	-0	hiciency	WAL DISEASE OR CON	DIRON GIVEN IN PART	113
vs any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH			20e AUTOPSY?	206. IF YES, WERE FIN	DINGS USED
shows an	문					YES T NOT	IN CERTIFYING CAUS	SES OF DEATH?
00	- E	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c HOW INJURY OCCUR			
or Item 18 sho	_	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D		- The state of the	(Eliter Hallow Oli 1990)	av ar nem ve, r anv r en r anv	
marked or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
rked	MEG	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TOV	WN COUNTY	STATE
E S		AT WORK — AT WORK —						
7 Health and 21 is marked		220. I certify that (1) (this haspit	tal) attended the deceased fram.	80	. 19	, to		_, that (I) (we) last
for use t, of Heater tem 21 i			f) view the bady after death.	, (11)	d that in (my) (our) apinion o	gearn occurred an the do		
tate Dept. of		226. SIGNATURE			DEGREE	MEDICAL STAI		TE SIGNED
State		Merry H-70	En 1-7.	1		MEDICAL STAI		15/80
with the State Dept. of		224. PHYSICIAN'S NAME (TYPE OF	RPRINT)		22e ADDRESS			
MPC	23o.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CI	EMETERY OR CREMATORY	236 LOCATION		47.76
	1	Burial	4-8-1980 G	rants	ville Cem.	Grantsv:	ille, Garr	ett.Md.
		INFRAT DIRECTOR /			25e DAT	E REC'D. BY REGISTRAR		
1-16 25M 5, 4) 1/79	M	Linkleur	nace Grant	svill	e, Md. AP	R 1 0 1980	Tirking M	Usudy
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3	1	FOR = STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 0	0 8	687
		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MO	NTH DAY YEAR	26 HOUR
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E - E	3 SE		4 RACE	5 DATE C	OF BIRTH	6. AGE IN YEARS LAST BIRTHDA		R IF UNDER 24 HRS
nce.		Male	White	05	10 1905	74	YRS.	HOURS MIN
5 5 E	70. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	(? 8	D NEVER MARRIED	9 BALTIMORE CITY OR C		
# ES ESS		Maryland	Allegany	WIDOWE		Allegan	v County	M
ithii not	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND	OF BUSINESS OF
by the ed w		Frostburg	Frostburg Vi		Mursing Home	Factory Work		v /-Springs
£ 5 £	USU		OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION	9	lu conservation	ZEITZ	(=301 Hill)
Ja ild big S		1.00 00	legany Frost		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	ack Street	
d with	14. F/	ATHER'S NAME		Dui O	15. MOTHER'S MAIDEN NA	ME		
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executed within 24 d completely filled s 1 and 2 should be completely filled be imedical examiner.		WAS DECEASED EVER IN U.S.			Margaret 17 INFORMANT	ADDRESS	MJ	ner
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aw requires een signed b Then please for to burial, any injury,	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	D DEATH BUT	NOT RELATED TO THE TERM	41100	ION GIVEN IN PART 1	1(0)
is b prit.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		ON IF YES, WERE FIND IN CERTIFYING CAUSE YES	
PSICIAN: physician. s certificate al-transit p ental Hygie r Item 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	DEATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	TITEM 18, PART 1 OR PART 2)	
ATTENDING PHYSICIAN: The litel or attending physician. ECTOR: After this certificate ha or use as the burial-transit perm of Health and Mental Hygiene m 21 is marked or Item 18 sho	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENI bital or at ECTOR: for use as of Healt		220.1 certify that (I) (this has sow the deceased alive of	pital) attended the deceased from		nd that in (my) (our) apinion (, to death occurred on the date		, that (I) (we) lo e couses stated
hosp ped lept f Ite		22b. SIGNATURE	Type		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		E SIGNED
TO HOSPITAL S. (A) retained by the hospita TO FUNERAL DIREC should be detached for with the State Dept. of IMPORTANT: If Item		224. PHYSICIAN'S NAME ITYPE	ORPRINT)	e	220. ADDRESS Ta	My Trans	- Mis	3,53
BP	L	BURIAL, CREMATION, REMOVA SPECIF BURIAL	APR. 3, 1980		EMETERY OF CREMATORY MICHAELS CEM	23d. LOCATION CITEROSTBUE	451 67 6	STATE
DHMH-16 25M (VRA 15, 4) 1/79	24. F	UNERAL DIRECTOR DÜRST FUNERAL	HOME, FROSTBURG		250. DATI	R 8 1980	REGISTRAN'S SIGNA	Cready



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	REGISTRAR DECEASED NAM	AE FIRST	WEI	MIDDLE	AMINE	R'S CERT	IFICATE C		RE KNOW	G, NO.	H DAY	YEAR 2b. HOUR
()	YPE OR PRINT)	Wanda	L		Hawl	ins		D	OF ESTI		27-80,9	7 07 R
3. S	emale	4. RACE White	5. DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTHDAY) 39 YRS.	MONTHS DA			DATE NOUNCED DEAD	4-27	-80 ₁₉	7 2d. HOUR
7a.	BIRTHPLACE (FOREIGN COUNTRY	STATE OR Md	76. CITIZEN OF WE	AT COUNTR	Y? 8.	MARRIEDXX	NEVER MARR	IED L		egany	NTY OF DEA	TH
	city or town		11. NAME OF HOS (IF NOT IN SUCH FAIL Sacred 1	CILITY, GIVE STREE	T ADDRESS)					(TYPE OF WOR	OR IN	OF BUSINESS DUSTRY
13a	JAL RESIDENCI STATE STATE	13b. COUN		13c. CITY OF	NWOTS		SIDE CITY LIMITS?	13e. STREET	ADDRESS			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page tained by the hospital or attending physician.	D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director
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	1-	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	US	0 8 9
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		RUSSE	ELL M. HIL		Y, SR.	APRIL 10, 1	1980	6:39A
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Tie at		RTHPLACE (STATE OF FOREIGN DUNTRY) Maryland	USA	8 MARRIE WIDOWI	D NEVER MARRIED DIORCED DIORCED	BALTIMORE CITY OR CO		MD.
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sical exar		THER'S NAME FIRST Harry C.			15. MOTHER'S MAIDEN NA			
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r Item 1	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH D	AY YEAR	214 HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)	
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am 21 is i			tal) attended the deceased from		nd that in (my) (aur) apinion (, to death occurred on the date on		that (I) (we) last causes stated
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e be exec	ages	3 me medical	- (1	/AS DECEASED EVER es, no or unknown) PS	IN U.S. ARM (IF YES, GIVE V	WAR OR DATES	an, Vie	/	Mac B		D. House	RESS	Iyndma	n, Pa.
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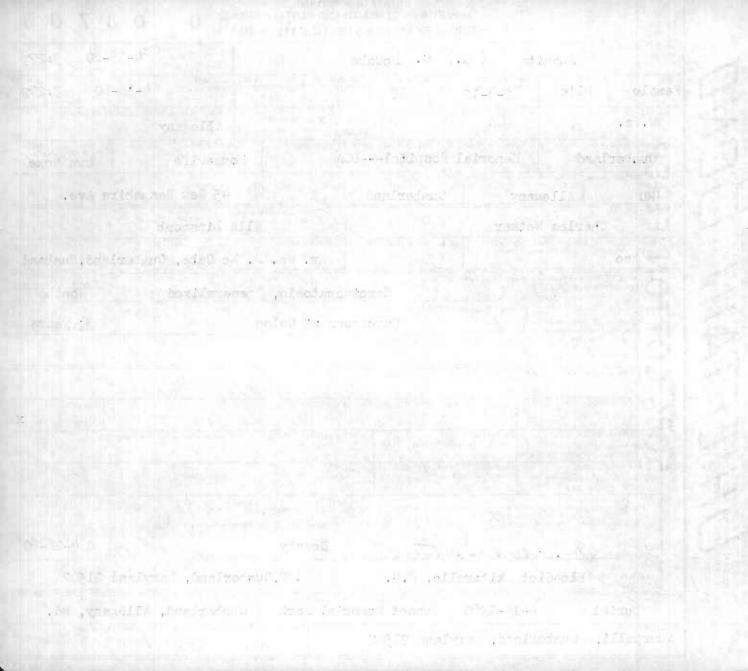
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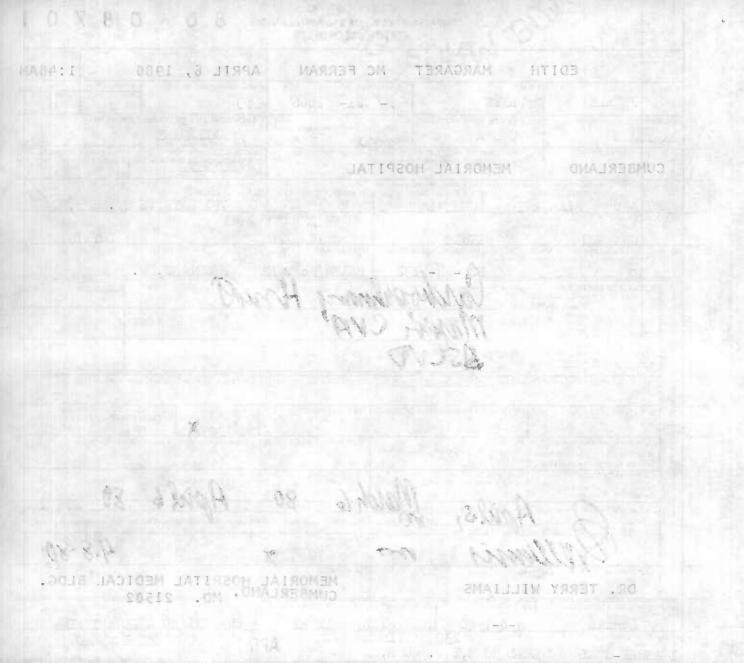
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1 41 1 7 Wa		220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	n 4 ~	24 19	80.	nd that in (my) (our) opinion	death occurred on the	date and hour and fro	, mor (ii (we
MPORTANE: IT Item		226. SIGNATURE Holevelter 224. PHYSICIAN'S NAME (17PM	OR PRINT)	Jamesa		224 ADDRESS MEM		PITAL ME	F-27-EDICAL B
APO 1		DR. ROBUSTI	ANO J.	BARRERA	4	CUMBERLAN	ID, MARYL		.502
	(:	URIAL, CREMATION, REMOVA	April			emetery or crematory barger Ceme	tery Buff	alo Mill	state
1/79	24 FL	NAMHarvey H.	Zeigle	er, Hynd		25e. D.A.	APR 3 0 19	R 25h. REGISTRAR'S S	IGNATURE Cre

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DESCRIPTION J. BARRERA CUMBERLAND, MARYLAND 21502		CUMBERLAND, MD. MEMORIAL HOSPITAL
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4	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 0 C	8701
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	3. SE		ITH MARGARET	MC FERRAN	APRIL 6, 1980	1:48AM
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y injury, at ather trauma	NO	Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last	DUE TO OR BSCO	DEATH BUT NOT RELATED TO THE TERM	ainal disease or condition give	N IN PART 1(0)
shows ar	CERTIFICATION	19u DATE OF OPERATION	19% CONDITION FOR WHICE	HOPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
or Item 18		21s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE D OF EITHER, NOTEY MEDICAL EXAM	DEATH HOUR A.M. MONTH D	DAY YEAR	RED (ENTER NATURE OF INJUST IN ITEM IE, PA	RT I ON PART 23
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IMPORTANT:		DR. TERR	PEORPRINT) Y WILLIAMS	PADDRESS MEMORIA CUMBERL	L HOSPITAL MED	ICAL BLDG.
2		BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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6 25M 4) 1/79	LE	ASURE-STEIN F	UNERAL HOME, INC.	CUMB, MD A	PR 1 6 1980 REGISTRAN 256. REGISTRAN	Erry McCready

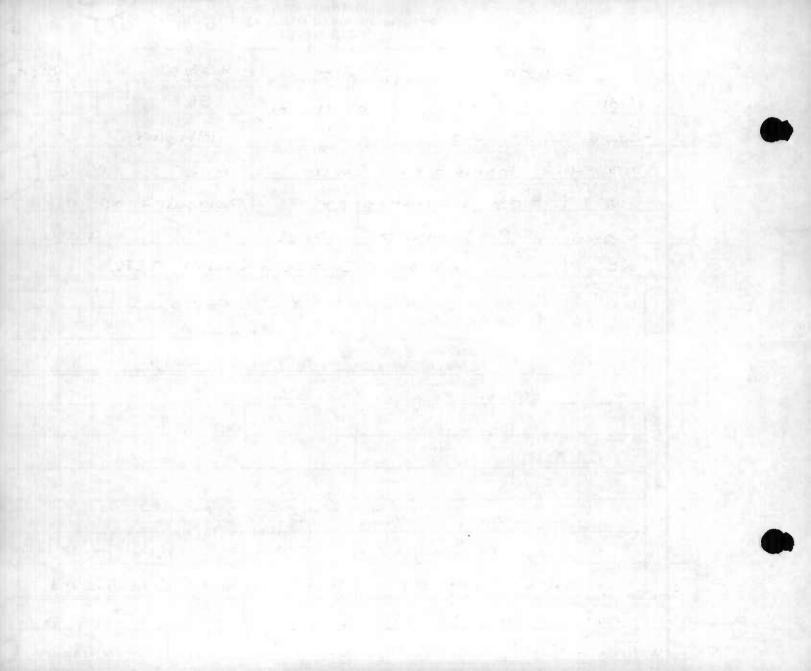


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			FOR STATE			STA DEPARTMENT OF I	HEALTH		EDEATH	0	8 /	0 6
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0	NERAL PRESTO	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md. 1D. CITY OR TOWN OF DEATH Cumberland			76. CITIZEN OF WE	S.A.	8. MARRI WIDOW	ED NEVER MARRIE	D L	city or coun legany	TY OF DEAT	TH
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE				11. NAME OF HOS	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) AL HOSPITAL			12a. USUAL OCCUPATION FOR MOST OF WORKING I	ON (TYPE OF WORK	126. KIND COR INC	OF BUSINESS DUSTRY OPT (Tir
21201	ANY I	USUA 13a. S		NURSING HOME OR	OTHER INSTITUTIONS OR	residence before admissions. City or town Cumberland	ON)	136. INSIDE CITY LIMITS? YES TO D	13e. SIREET ADDRESS 611 Elm S			72.1.2
MD.	- 0.0	14. FA	THER'S NAME FIRST John		MIDDLE	LAST		15. MOTHER'S MAIDER FIRST MOllie	MIDDLE		Sieb	ert
BALTIMORE,	DURS AFTER DEATH 18. GIVE PAGES 1, WITH FORM PM 1. PAGES 1 AND 2, DIVISION OF VITA	160. V	VAS DECEASED EVES, NO, OR UNKNOWN)	VER IN U.S. ARM	ED FORCES? (AR OR DATES)	212-18-121		17. INFORMANT Elaine Die	hl Mountain	Winchest Falls F	ter, V	a .22601 Box58RF
W. PRESTON ST., BA	IZA HO ITEM ALONG PERMI GIENE		Canditions, gave rise	H WAS CAUSED	BY: CAUSE (o) DUE TO, OR (b)	for (a), (b), and (c).) COPORARY OC AS A CONSEQUENCE (Corc				APPROX	XIMATE INTERVAL
DIVISION OF VITAL RECORDS, 301 V	HOULD BE EXECUTED WITHIN D. "PENDING" IN PENCIL IN HIFF MEDICAL EXAMINER A USED AS A BURIAL TRANSIT OF HEALTH AND MENTAL HY I, CREMATION, OR REMOVA	ATION	PART 2 OTHER SIGNIF	ICANT CONDITIONS <u>C</u>	(c)	BUT NOT RELATED TO THE TERM	INAL DISEASE		î î (a).		20. AUTO	DPSY?
OF VITAL	とロエラグゴー	CERTIFICATION	21a EXTERNAL C		21b. TIME OF HOUR A.M	INJURY MONTH DAY YEAR	21c. HC	OW INJURY OCCURRED) (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PA	YES	□ NO D
DIVISION	HIS CERTIFICATE SE WRITING THE WOR WARDED TO THE C CGE 3 SHOULD BE ATE DEPARTMENT (01 PRIOR TO BURIA	MEDICAL	CONTRIBUTING 214 INJURY OCC WHILE AT WORK	CAUSE OF DI	21e. PLACE C	DF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR TOWN	co	YTHUC	STATE
•	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE. WRR PAGE 4 SHOULD BE FORWARD. TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTMORE, MARYLAND, 21201	4	22a. I certify the death resulted for ACTUAL SIGNATURE	nat I taak charge rom: Natura Besse	licauses X,	Accident . Su Retarel Carelic, M.	Autops icide	Homicide TITLE (SPECIFY) D. Deputy	Undetermined manner	DATE SIGNE		28 , 1 98
	TO MEDIC EXECUTE PAGE 4 % TO FUNE AFTER DE. BALTIMOR	23a. BI	(TYPE OR PRINT) JRIAL, CREMATIO	Dene		23c. NAME OF CEA		ADDIE JO	erland, Md.	ZI)UZ	NTY	STATE
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	DHMH - 17 (VR A15 ME (5)) 15M 7/77		INERAL DIRECTOR NAME LCOX-Mer		n. Ser.	04 Decatur	St.	25a. DATERI	ECD BY REGISTRAR 25	b. REGISTRAR'S	1315051	rody

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d'.	D .	3 SE			RACE		5 DATE (6. AGE (IN YEARS LAST I	IRTHDAY)	MONTHS DAYS	
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by the fu	ou ag52	Cu	ny or town of building		SACE	RED HEART	HOSP	ITAL	17a USUAL OCCUPA (TYPE OF WORK FOR MOS Clerk		LIFE INDUSTR	Office
filled in	35	130 S	AL RESIDENCE (IF NU ITATE W. Va.	136 COUNTY	other institution. TY neral	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Keyse	'N	134. INSIDE CITY LIMITS?	13. STREET ADDRES 287 Hald	s e Stre	eet	
yel y	ompletely and 2 sho	14. FA	THER'S NAME		IODLE	LAST		15. MOTHER'S MAIDEN NA	ME			
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o p	Je Je	160 V	VAS DECEASED EVE		AED FORCES?	IS SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS K	eyser,	W. Va.
an an	g physician and n papers. Pages removal. attic event, the		Yes		1	234 26 9	995	Mrs. John M	4. Minnich.	287		
Vsicia			IS CAUSE OF DEA	TH (Enter only	y one couse per	line for (a), (b), an	d (C).i		0		BETWEE	NONSET AND DEATH
d d g			PARTI. DEATH	IMMEDIATE	CAUSE (a)	axcin	con	alungi	Ynem	inani	9 2	Meely
gned by the attend	burial, cremation, njury, or other tra		Canditians, if an gave rise to in cause (a), statiunderlying cause	mmediate ting the se last.	(b)	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO	CI N ENCE OF	NOT RELATED TO THE TERM	LINAL DISEASE OR CO	NDITION G	2_	De ax
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te has	show	TIFIC	3/20/	1980	-	eci nam	00	1 cm >	YES NO	IN CER	TIFYING CAUSE	ES OF DEATH?
ohysician s certifica	ental Hyg		210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEAT	HOUR A./	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM H	B, PART I OR PART 2	
tending After thi	h and Mi	MEDICAL	21d. INJURY OCCU	WHILE D	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
ital or at	of Healt		22a.1 certify that (saw the decea abave, (1) (we)	sed alive an_	ol) attended the	19 5	30.0	ond that in (my) (our) apinion	death occurred on the	date and h		n, that (I) (we) last the couses stated
by the hosp	State Dept.		226 SIGNATURE	Zw.	Sh	He		DEGREE ATTENDING PHYSICIAN (L) 1220 ADDRESS	MEDICAL ST DIRECTOR PHYS	AFF SICIAN [27c. DAT	TE SIGNED
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	3 3 =	23a E	SURIAL, CREMATION	- /	13h DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	-16 25M 5, 4) 1/79	24 FI	Buri UNERAL DIRECTO NAME MARKA	Horace	NERAL H	4 Also	MIN	Memorial Garderal STREET A	PRI BELLE	R 25h. REGI	Mineral	W. Va.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

	1-	FOR STATE REGISTRA	R		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE & O	0.	8 (0 9
	1. DE	CEASED NA			AIDDLE		AST	20 DATE OF DEATH		DAY YEAR	26. HOUR
			DOROTHY		LENE		LAN	APRIL		980	7:30 P _M
	3. SE		emale	4 RACE Whi	te	5. DATE C	SI DAY 1922	6 AGE (IN YEARS LAST BIR	YRS.	MONTHS DAYS	IF UNDER 24 HRS
35	7a Bi	RTHPLACE	(STATE OR FOREIGN Md.	Į	J.S.A.	WIDOWE		BALTIMORE CITY C	_		MD
<u>252</u>		ty or tow umber	land	(IF NOT IN SUC	HOSPITAL, NURSIN HEACHLITY, GIVE STREET DHEART I	ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST ON NUTSE			OF BUSINESS OR
35	USU.	TATE	TE (IF HURSING HOME OR 136 COUNTY ALL	other institution, ity Legany	GIVE RESIDENCE BEFORE 134. CITY OR TOW LONGO	N I	134. INSIDE CITY LIMITS? YES X NO 1	130. STREET ADDRESS	sland	d Stre	et
exa exa	14 FA	THER'S NAME FIRST		MIDDLE	Rigglema	an	Doris	WIDDLE		Metz	ST.
event, the mean		ES, NO OR UNK	SED EVER IN U.S. ARI (HOWH) (IF YES, GIVE 10	MED FORCES? WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	Mr.Leo No	lan 10 I	Lonac Slanc	osire	et ^{Md} .
any injury, or other	TION	gove rise cause to underlying PART 2 OT	HER SIGNIFICANT C	ONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM			5-14	
2	CERTIFICATION		F OPERATION			OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	S, WERE FINDI FYING CAUSES ES	
9		OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF DEA OTIFY MEDICAL EXAMINER)		M. MONTH D.	AY YEAR	1916 HOW INJURY OCCUR	RED (ENTER NATURE OF IN)L	IRY IN ITEM 18, P	PART 1 OR PART 2)	
marked	MEDICAL	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE	21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.}	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
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NT: T		22b. SIGNA	X	Tele	ed Gled	10		MEDICAL STA ☐ DIRECTOR ☐ PHYSI		220 DATE	SIGNED
MPORTANT			ICHAEL GL).		912 SETON DI	RIVE, CUMBER	LAND, M	1ARYLAN	D 21502
N	23a. (SURIAL, CRE.	MATION, REMOVAL Burial		4 -		emetery or crematory rys Cemeter	23d. LOCATION CITY OF TOWN LONGCOY	ning	COUNTY	Md
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(VRA 15, 4) 1/79

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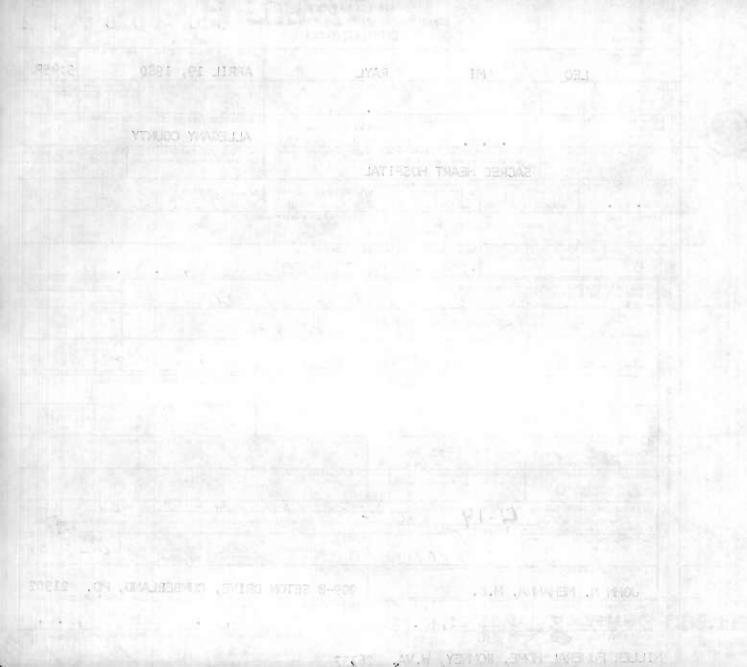
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	I. DE	CEASED NAME FIRST		MIDDLE	L	sst .	26. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
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- T	70 B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	71 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
1654		KANSAS	U.S.	Α.	WIDOWE		ALLEGANY COUN	TY	,
	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUPATION	12h KIND	OF BUSINESS OF
52		CUMBERLAND		HEART HO		L	SELF		NTBACT
	USU 130.	AL RESIDENCE HE NURSING HON	NE OR OTHER INSTITUTION OF YOUNG	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13a. STREET ADDRESS		
£		W.VA. MAJ	MPSHIRE	ROMNEY		YES NO	457 POTOMA	C AVEN	TUE .
exa	14. F	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WIDDIE	· ·	AST
75/ 4		CLARENCE		RAYL		NELLIE			LER
E		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) 11F YES,	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
=		NO		510-03-	0498	ILA RAXL	ROMNEY, W.		
even		18 CAUSE OF DEATH (Ente	r anly ane cause pe	line far (a), (b), and	d (c). i	1.0	1	BETWEEN	XIMATE INTERVAL N ONSET AND DEA
atic		PART I. DEATH WAS CA	DIATE CAUSE (a)	140	cas	deal we	aret		
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other		gave rise to immediate cause (a), stating the		R AS A CONSEQUE	NCE OF	1			
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mjury,	_	PART 2 OTHER SIGNIFICAL	NT CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE OR CONDITION C	IVEN IN PART 1	(a)
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shows	CERTIFICATION	1% DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED		TIFYING CAUSE	S OF DEATH?
18 5	E	AL ACCIDENT MAE INDEBLYING	21b. TIME C	NE INTERV		11. HOW BUILDY OCCUP		YES []	NO []
21 is marked or Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110 4	M. MONTH DA	YEAR	AL HOW INJURY OCCUR	RED JENTER NATURE OF INJURY IN ITEM 1	3, PART 1 OR PART 2)	
10	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMI		M.	19				
rked	WED	21d. INJURY OCCURRED WHILE IN NOT WHILE IT		OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
is marked		AT WORK			7		1, 19	0.0	
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tem		above, (1) (we) (did) (did	d nat) view The bady	after death.			death occurred an the date and h		
=		226. SIGNATURE	M.	//		DEGREE ATTENDING	MEDICAL STAFF	22c. DAT	- 20 -
Z			011	all	Lh2	PHYSICIAN L	DIRECTOR PHYSICIAN	9	- 20-
ATA 1		224 PHYSICIAN'S NAME ITY	PE OR PRINT)			22e ADDRESS			
MPORTANT: If Item 21		JOHN N. MEH	HANNA, M.	0.		909-B SETON	DRIVE, CUMBERLA	ND, MD.	2150
IMPORTANT: I	230	BURIAL, CREMATION, REMO	VAL 23b. DATE	23c N	NAME OF C	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		CREMATION	APRI	6 21, J.	Will	iam Lee's		ington	
6 25M		UNERAL DIRECTOR	198	ADDRESS		25e. DjA	FREC'D BY REGISTRAR 256 REG	STRAR'S SIGNA	TURELOGG
1/79		MILLER FUNERAL	HOME R		۷Δ ,	6757			

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

FOR STATE REGISTRAR



					STAT	E OF MARYLAND					
1	FOR			DEPARTI	MENT OF H	EALTH AND MENTAL HY	GIENE	8 0	0	8	11
1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH		DEC NO	0	J	' '
I DEC	EASED NAME	FIRST		MIDDLE	·	AST	I 2a DATE O	REG. NO.	OAY	YEAR	12h. HOUR
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		ROBERT		WALSH		EED		APRIL 9,			3:30 F
SEX			4 RACE		5 DATE C	DAY YEAR	6. AGE (IN)	YEARS LAST RIRTHDAY)	MONTH	DER 1 YEAR	HOURS MR
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	RTHPLACE (STATE OF	POREIGN	76 CITIZEN OF	WHAT COUNTRY?	B A DOIS	DE NEVER MARRIED	9 BALTIMO	ORE CITY OR CO	UNTY OF E	EATH	
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	TY OR TOWN OF D	EATH	11. NAME OF	HOSPITAL NURSIN	IG HOME C	OR OTHER INSTITUTION		OCCUPATION	12	h. KIND C	OF BUSINESS
C	umberland			RED HEART		ITAL	-	rk for most of work	(ING LIFE) IN	Brew	ving Co
JSUA 3a. S	L RESIDENCE (IF NO	ISING HOME O		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET	ADDRESS			
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	Joh	n L. I	Reed	LAST		FIRST	Mary H			LAS	\$T
	AS DECEASED EVE			166 SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRESS			
IAI	ES, NO OR UNKNOWN!		e war or dates)	217-10-1	1047	Mrs. Mary K	athrvn	Reed, Ci	mherl	and	Wife
-								mood, oc	an oct 1	APPROX	MATE INTERVAL ONSET AND DEAT
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	PART 2 OTHER SI	GNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER			N GIVEN IN	PART 1	01
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						nd that in (my) (our) opinio	o death occurr	ed on the date on	d hour and		
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	22b. SIGNATURE	11		-		DEGREE				221. DATE	
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SCARPELLI FUNERAL HOME

CUMBERLAND, MD. 2 21502

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	1 -	FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 U	08/	1 4		
-		CEASED NAME OR PRINT)	FIRST		MIDDLE	L	AST	28. DATE OF DEATH MONTH	DAY YEAR	26. HOUR		
	litre	OR PRINT)	PH	YLLIS	BURTON	R	ICHARDS	APRIL 26, 19	80	9:18 A		
 	3 SE	Femal		4 RACE	Vhite	S DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 72 y	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.		
5 80	Zo. BI	BIRTHPLACE (STATE OR FOREIGN COUNTRY) W. Va.		DUNTRY			WHAT COUNTRY?	MARRIE	NEVER MARRIED	BALTIMORE CITY OR COL	JNTY OF DEATH	
52	10 CI	TY OR TOWN OF DEA	TH	11. NAME OF	SA HOSPITAL, NURSIN CH FACILITY, GIVE STREET ED HEART	ADDRESS)	OR OTHER INSTITUTION	ALLEGANY C 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Homemaker	12b. KIND C	of BUSINESS OF wn Home		
85	USU/ 13e S	TATE W. Va.	131 COUN	other institution	13c. CITY OR TOW Keyser		13d. INSIDE CITY LIMITS? YES A NO	13. STREET ADDRESS 1355 Lynmar	Street			
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3	16a V	/AS DECEASED EVER ES, NO OR UNKNOWN) NO	IN U.S. AR IN YES, GIVE Non	WAR OR DATES)	219 64 5		17 INFORMANT Mr. James	ADDRESS R. Richards,				
s any injury, or othe	ATION	part 2 OTHER SIGI	g the lost	CONDITIONS CONTINUE F	alive	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART 11	10		
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21 ts		220 L certify that (1) saw the deceas above, (1) (we) (ed alive on		19	, o		death occurred on the date an		that (I) (we) la couses stated		
OBTANT: If It		22b. SIGNATURE	50	nas	goew	m		DIRECTOR PHYSICIAN	15-	SIGNED		
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2	230	BURIAL, CREMATION,	REMOVAL	236: DATE A/29			emetery or crematory s Point Cem	23d LOCATION CITY OR TOWN Keyser	county Mineral	W. Va		
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FROSTBURG, MD.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours retained by the hospital or attending physician.

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1		ECEASED NAME FIRS		WIODLE	LA		20 DATE OF DEATH		YEAR 2h. H	HOUR
(M			ROY	E.	SI.	res		6, 1980		0:10
	3. S	EX	4 RACE		5 DATE O	F BIRTH DAY YEAR	6 AGE IN YEARS LAST	BIRTHDAY) IF UND		NDER 24 HRS
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3	2	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Allegany	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED	BALTIMORE CIT	y <u>or</u> countyofd yany	EATH	MC
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132	13a		ome or other institution COUNTY Allegany	13c. CITY OR TOW	/N	134. INSIDE CITY LIMITS YES 🔯 NO 🗌		ss ethe St.		
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Ē,	160	WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMANT	AD	DRESS		
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e prior to burial, cremations any injury, or other	CERTIFICATION	Conditions, if ony, whis gove rise to immedio couse 101, storing it underlying couse los PART 2 OTHER SIGNIFIC.	DUE TO, O ANT CONDITIONS C Chroi	mic Lung	DEATH BUT	NOT RELATED TO THE TI PASE——Obst	200 AUTOPSY?	20b. IF YES, WEI		
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ental Hy or Item 1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICAL EXAL	OF DEATH HOUR A		AY YEAR	21c HOW INJURY OCC	CURRED (ENTER NATURE OF	NJURY IN ITEM 18, PART T.C	JR PART 2)	
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5, 4) 1/79		WILLIAM G.	VTGHC,	MINGT TO	HILL I	10.	0 0 1000	. /		

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERT 1. DECEASED-NAME Middle Lost 20. DATE KNOWN Month (Type or Print) EST1-LARENA SKIDMORE CATHERINE Pone DEATH MATED 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 3. SEX 2c. DATE PRONOUNCED DEAD 1980 JULY 9,1894 Doyl , Yeor WHITE FEMALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH U.S.A. WIDOWED K DIVORCED ALLEGANY 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street ad Bess) ORMOND FROSTBURG STREET Office along 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATEMARYT, ANT 3b. COUNTY 118 ORMOND and 2 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost JOHN JOHNS ANNIE BRODE pages 16o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** FROSTBURG. pencil (Yes, no orunknown) (If we give war or dates of service) 212-01-9740 MR. PAUL SKIDMORE. 152 BRMOND ST 5 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove CORONARY SCLEROSIS rise to immediate couse (a). certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse E PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 forwarded removal 190. DATE OF OPERATION 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? the certificate. YES [NO X should be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 3 should 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) HOUR A.M. PRIMARY OR CONTRIBUTING cremation, **EXAMINER:** CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Poge NOT WHILE AT WORK 22a. I certify that I taok charge of the remains described above, held an Autapsy ... Inspection X Inquiry X and in my apinion Natural causes death resulted fram: Accident Suicide Undetermined manner Hamicide CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 3 DEPUTY MEDICAL EXAMINER X 5 n. To FUN Heolth **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) FROSTBURG FROSTBURG ALLEGANY 2Sb. REGISTRAR'S SIGNATURE 2So. RECD BY REGISTRAR VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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as been signed by the att	CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (CAMILE) 190 DATE OF OPERATION	DUE TO, OR AS A COL	NG/10 DEATH BUT	Usease.	200 AUTOPSY?	TION GIVEN IN PART 1 106. IF YES, WERE FIND N CERTIFYING CAUSE	INGS USED
Item 18 sh	-	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	YES NITEM 18, PART 1 OR PART 2)	но 🗌
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should be detached for use as with the State Dept. of Healt IMPORTANT: If Item 21 is r		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE O	t) view the body after death	MD, AL	170 ADDRESS	, to	and hour and from the	15/80 .
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108 VIRGINIA AVE., CUMBERLAND, MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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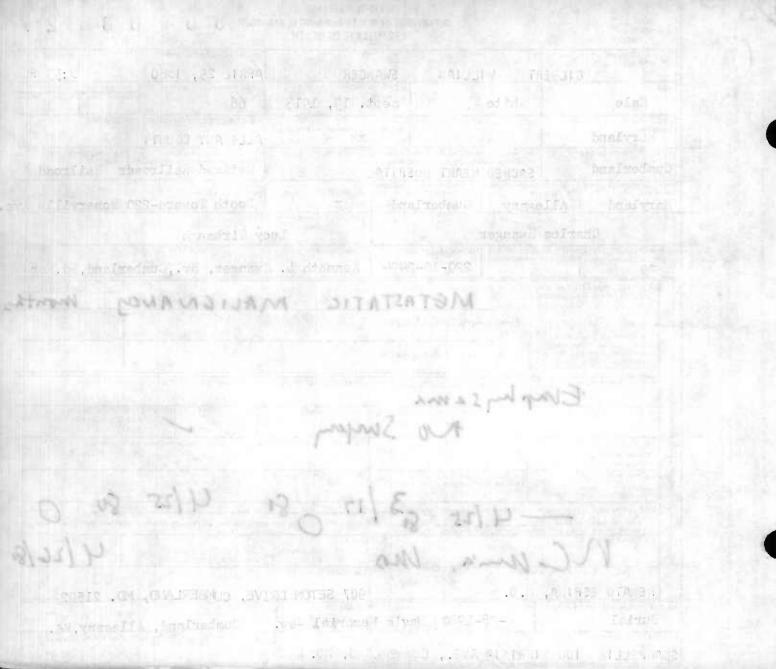
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(VRA 15, 4) 1/79

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BALTIMORE, MD. JRS AFTER DEATH GIVE PAGES 1. WITH FORM PM. PAGES 1 AND 2	(YI	5, NO, OR UNKNOV	VN) (IF YES, GIVE V	VAR OR DATES)	168. 500	CIAL SECURITY	NO.			Thom			land	, Md	
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EXEC NG" I NG" I A BUR H AND HON,		PART 2 DINER SIG	NIFICANT CONDITIONS C	DATRIBUTING TO DEATH BI	IT NOT RELA	TED TO THE TERMIN	AL DISEASE	DR CONDITIO	N GIVEN IN PAR	T 1 (a),					
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	FICA	196. DATE OF	OPERATION	196 CONDITI	ON FOR	WHICH OPERA	TION W	AS PERFOR	MED?					20. AUTOPSY	
CATE SHE WORN THE CAMENT CAMEN	ALCERTIFICATION ALCERT	21a EXTERNAL	OR			DAY YEAR	21c. HC	W INJURY	OCCURRED) (ENTER NA	TURE OF INJURY	IN ITEM 18 P	'ART 1 OR PAR	YES T	NO 🗌
CERTIFICAT ITING THE V DED TO TH E 3 SHOULD DEPARTMEN PRIOR TO BU	MEDICAL	71d INJURY OF	CCURRED	P.M. 21e. PLACE O	FINJURY	19 (AT HOME.	211. LOC	CATION							
WRI WRI VARE AGE ATE 201 P	ME	WHILE AT WORK	NOT WHILE AT WORK	STREET, FACTO	RY, FARM, E	rc.)		TREET			CITY OR TOWN		cou	MIY	STATE
INER: 1 ICATE, TOR: P THE ST ND, 21		22a. I certify death resulted		af the remains described causes	ribed aba		Autaps	y X,	Inspection		Inquiry X		d in my ap	inian	
XAM ERTIF ID BI WITH WITH			10 Maron	*	Va -	, 3016	, ide		PECIFY)	Undeter	minea manne	er [_],			
CAL E		ACTUAL SIGNATURE	Blue	dut	Rel	arel	ied		uty	MEDIC	AL EXAMINE	ER	DATE	4-26-	80
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213		EXAMINER'S N (TYPE OR PRIN		edict Sk	itar							and,	Mar	yland	21502
Bb B				16. DATE 4/28/80	23c. N S1	Jose	etery or phs	Ceme	etery		dTand		COUN		ď
DHMH - 17 (VR A15 ME (5))		NERAL DIRECT		ral Home	To	nacon	ine		250. DATE R	EC'D. BY R	EGISTRAR	25b. REGIS	STRAR'S S	GNATURE CV	rooly
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	REGISTRAR ECEASED NAME FIRST		MIDDLE	LAST			EG, NO.	Y YEAR
(1	YPE OR PRINT)	May	E	Thompson	7	OF EST	TI- UA -20-8	
3. S	EX 4. RACE	S. DATE OF BIRTH	6. AGE (BY YE	ARS IF UNDER 1	YR. IF UNDER 24		MONTH DA	
1	emale White		1891 88	65. 1.7	AS A AHOURS A AN	DEAD	4-20-80	
	BIRTHPLACE (STATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARRIED		CITY OR COUNTY O	FDEATH
10.	MARYLAND CITY OR TOWN OF DEATH	Usa	CDITAL AND COLOR	WIDOWED	1.74			VIII 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		(IF NOT IN SUCH F	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS)		ITIUTION	OR MOST OF WORKING	IFE)	OR INDUSTRY
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14.	FATHER'S NAME	MIDDLE	LAST	15. M	OTHER'S MAIDEN I	NAME		LAST
	JAMES	AMDER	SON .		ELIZABE		HOBA	
160.	WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166. SOCIAL SECURIT		FORMANT	AD	DRESS	
	NO		213-18-272	8 KA	THLEEN HO	USE RFD#1	BOX#177 OI	
	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUS	anly ane cause per lin SED BY:					81	APPROXIMATE IN
	470	IATE CAUSE (a)	Cardiac R AS A CONSEQUENCE		<u>ary Fail</u>	ure		Days
1	Conditions, if any, which	ch	Pulmonai		a: Coron	ary Scler	osis	
	gave rise to immedia cause (a) stating the unde	< ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	R AS A CONSEQUENCE	~	4, 001011			
	lying cause last.	(c)						
	PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION GIVEN IN PART 1	(a),		
1 §			re; Compress			lumbar ve	rtebrae	
CERTIFICATION	No surgery		o operation		REPORMED?		20	. AUTOPSY?
ERTI	210. EXTERNAL CAUSE WAS	21b. TIME O			HIPY OCCUPPED A	ENTER NATURE OF INJURY IN	ITEM 18 BART 1 OR BART 21	YES XX
	UNDERLYING OR CONTRIBUTING A CAUSE O	HOUR A.A	A. MONTH DAY YEAR		ll at hom		nem forant (OKPART 2)	
MEDICAL	21d INTURY OCCURRED	21e. PLACE	OF INJURY (AT HOME,	21f. LOCATIO	2			
W	WHILE NOT WHILE AT WORK	STREET, FAC	TORY, FARM, ETC.)	105 Be	elleview	St. Cumb	erland, Al	legany
	220. I certify that I taak cha	rae of the remains de	scribed above held on	Autapsy 🔻	2 5		and in my apiniar	19.75
	death resulted from: XXX					Undetermined manner	,	
		1 - 4	80:		TLE (SPECIFY)			
	LOTUS A /K	/	OFLIA BOO	LC/M.Dep	outy	MEDICAL EXAMINER	DATE 4- SIGNED_	-20-80
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	SIGNATURE SIGNAT	edick)	nolia M.D.		R#9 /	Cumberland	. Maruland	21502
23p	EXAMINER'S NAME (TYPE OR PRINT) Benea			ADDRE	- 33	Cumberland		21502
230.	SIGNATURE SIGNAT	23b. DATE	23c. NAME OF CEA	METERY OR CREA	MATORY 2	Cumberland Odd LOCATION CITY OR TOWN CUMBERLAND	COUNTY	STAT
	EXAMINER'S NAME (TYPE OR PRINT) Bened BURIAL, CREMATION, REMOVAL (SPECERY)	23b. DATE	236, NAME OF CEA	METERY OR CREA	MATORY 2 AL PARK	23d. LOCATION CITY OR TOWN	COUNTY A LLEGANY	MARYLA ATURE

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DHMH-16 25M (VRA 15, 4) 1/79

1	1	FOR - STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 U	0 8	134
		CEASED NAME FIRST	MILDRED	TRE	ast NUM	APRIL 8,		26. HOUR 5:57P
Jce.	3. SE	x Female	4 RACE White	5 DATE C	DAY YEAR	6. AGE JIN YEARS LAST BIRT	(HDAY) IF UNDER MONTHS YRS.	TYEAR IF UNDER 24 HRS
Fied at o	7a. B	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 1	D NEVER MARRIED	BALTIMORE CITY O		LTH A
of Speno	C	UMBERLAND	11. NAME OF HOSPITAL, NURSI	HOSP I		17a USUAL OCCUPATE TYPE OF WORK FOR MOST O	F WORKING LIFE) INDU	CIND OF BUSINESS O JSTRY
hiner mu	USU 13e		OROTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY 134. CITY OR TOV	RE ADMISSION) WN	134. INSIDE CITY LIMITS?	130 STREET ADDRESS Rtl. Box		
Mical exam	14 F.	ATHER'S NAME FIRST Andrew	MDDLE LAST Kirk		IS MOTHER'S MAIDEN NA. FIRST Jennie	ME	Wa	arnii•k
the me		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) 1 F YES, G	ARMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 215 14 6		Arlene Micha	ADDRE aels Wester	rnport, Md.	
o burial, cremation, or rem injury, or other traumatic		Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost.	ONLY ONE COUSE PER LINE FOR 10 Y(b), OSED BY. DUE TO, OR AS A CONSEQUENCE OF THE COUSE OF THE C	JENCE OF JUNCE OF	Thestitud	heuronia	gition given in P.	ART I(a)
shows any	CERTIFICATION	Hart	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOO	206. IF YES WERE	FINDINGS USED AUSES OF DEATH? NO
Mental Hygin d or Item 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D INFEITHER, NOTIFY MEDICAL EXAMIN	ER) P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PA	ART 2)
marked	MED	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC.)	STREET	CITY OR FOV	WN COUN	NTY STATE
with the State Dept. of Heal		saw the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	spital attended the deceased from an an are the body after death. FOR PRINTI NAM RANJITHAN	, or	DEGREE ATTENDING PHYSICIAN [CUMBERLAND	MEDICAL STAIL DIRECTOR PHYSIC	FF CIAN CO CAL BUIL	DING
<u> </u>	23e	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY Cemetery	Western po	rt Allega	ny Md State
6 25M 4) 1/79	24. F B C	uneral director	While P.A.	ternpo	ort, Md. 25APA	E REC'D BY REGISTRAR	256 REGISTRAR'S SI	IGNATURE L

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	ECEASED N YPE OR PRINT)		(Edwa		MIDDLE Louis	Edward	igg	LAST	SAILO		OF	KNOWN - ESTI- MATED	MONT	15-8	YEAR 3	26. HOUR
	Male		nite	DATE OF BIRT	-17 YEAR	6. AGE (IN YE LAST BIRTHD: 62	AY) MONT		IF UNDER		2c. DATE PRONOUN DEAD	NCED	MONTH	15-80	YEAR 3	2d. HOUR
35	BIRTHPLACE OREIGN COUNT Maryl	and			JSA		WIDOV		DIVORCE	ED XX	A	iore city	ny			MD
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160.	WAS DECE	SED EVER	IN U.S. ARM	ED FORCES? AR OR DATES)		-07-32		Gary	L. &	Lou	is E.	ADDRE:		mher	land	,Sons
NO	gave cause lying	rise ta (a) statin cause last		DUE TO, (b)	OR AS A CO	NSEQUENCE (OF CO	ronary	sc]	leros		osis			udde	4.4
CERTIFICATION	19a. DATE	OF OPER	ATION	19b. CON	DITION FOR	WHICH OPER	ATION W	/AS PERFOR	MED?						AUTOPSY YES 1	? NO []
MEDICAL CER	21a. EXTER UNDERLY CONTRIB 21d. INJUR	ING UTING U	OR CAUSE OF DE	HOUR A	OF INJURY A.M. MONTH P.M. E OF INJUR	DAY YEAR		OW INJURY	OCCURRE	D LENTER N	ATURE OF IN.	JURY IN ITEM	18 PART 1 OR	PART 2)		
ME	AT WORK	□ NOT	WHILE VORK		ACTORY, FARM.	ave, held an	Autop	sy XX, Hamic		Undete	Inquiry	anner	and in my], DAT SIGI		-15-	STATE
230.	BURIAL, CRE	MATION	REMOVAL 231	ict Ski	73c.	NAME OF CEA	AETERY C	R CREMATO	R#9,0	123d LO	CATION					
	FUNERAL DI	al RECTOR	4	-18-198	0 M	It. Her	man (emete	ry 250. DATE R	REC'D. BY	REGISTRA		GISTRAR'S	SSIGNAT	URE	TATE
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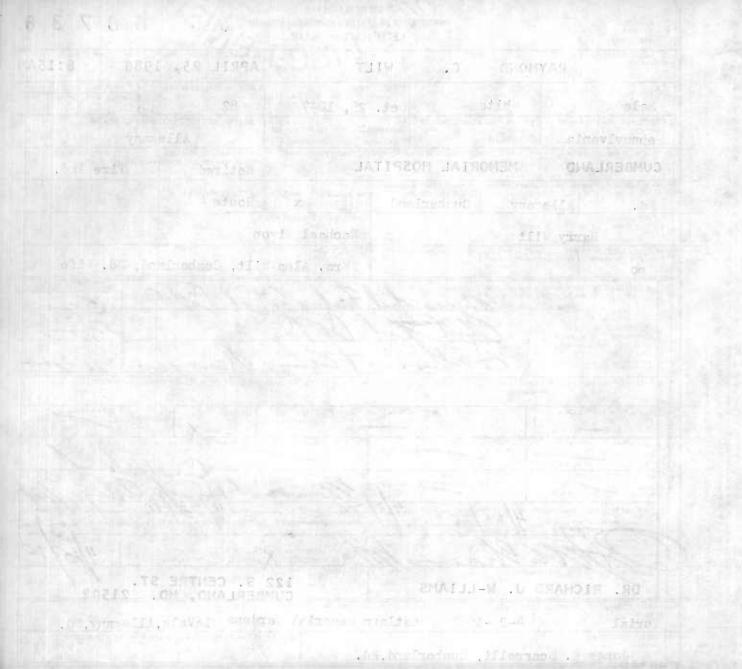
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STATE OF MARYLAND

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Blant.	1 -	STATE REGISTRAR		DEPARIM	CERTIF	CATE OF DEATH	REG. N	0.		10
March 1		CEASED NAME FIRST		MIDDLE	L	AST	2R. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	ITAME	BERNIC	E NM	41	YE	IDER	APRIL 8	3, 1980		7:55A
5.60	3 SE		4 RACE	The late of the	5 DATE C	F BIRTH DAY YEAR	6. AGE IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
DUC .		Female	White		Marc		78	YRS	NINS UATS	May May
100	7r. BI	RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8 MADDIE!	NEVER MARRIED XX	BALTIMORE CITY O	R COUNTY O	FDEATH	
という		Maryland	u.	S. A.	WIDOWE		ALLE	GANY CO	UNTY,	MD.
2	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	HOME C	R OTHER INSTITUTION	12e USUAL OCCUPATI	ON	12h. KIND O	F BUSINESS OR
\$52		Cumberland,		HEART HOS			Type of work for most of Domestic,	, working the	Priva	te Homes,
事つと		AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		40		134 INSIDE CITY LIMITS?	13. STREET ADDRESS	4		
\$20	_		gany	Cresapti	own,			Ave.		
e K	14 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	it.
SO / (George		Yeider		Sarah	Etta			dleton
E			RMED FORCES?	166 SOCIAL SECUR	ON YTIS	17 INFORMANT	ADDRE		21.	502
£ /		No,		0.0		Mrs. Rose R.	Kane, 1310	5 6th A		resaptowy
shows any injury, or other	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	conditions <u>c</u>	OR AS A CONSEQUE	EATH BUT		NAL DISEASE OR CON	20b. IF YES, V	WERE FINDING CAUSES	
ed or Item 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IN EITHER, NOTIFY MEDICAL EXAMINER 216. IN JURY OCCURRED	HOUR A.	M. MONTH DA	19	21c HOW INJURY OCCURR				
ialth and N	¥	AT WORK NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FA	KM, ETC.)	SIRECT	CITY OR TOV	***	COUNTY	STATE
f Item 21		220. f certify that (1) (this hasp saw the deceased alive ar abave, (1) (we) (did) (did no 22b SIGNATURE	view the body	19			, to		and from the	
with the State D	23a F	Victor E. A	lazzocco		AME OF C	BMG; 912 SET	1234 LOCATION			
	(Burial	4/10/			n Mem. Garden	Cumberla	nd. All	eganu	Maryland
16 25M	24 FL	UNERAL DIRECTOR H. Way	ne Geor		02 GR		REC'D. BY REGISTRAR	25h REGISTRA	R'S SIGNAT	URE

STATE OF MARYLAND

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